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STATES OF GUERNSEY
BOARD OF HEALTH

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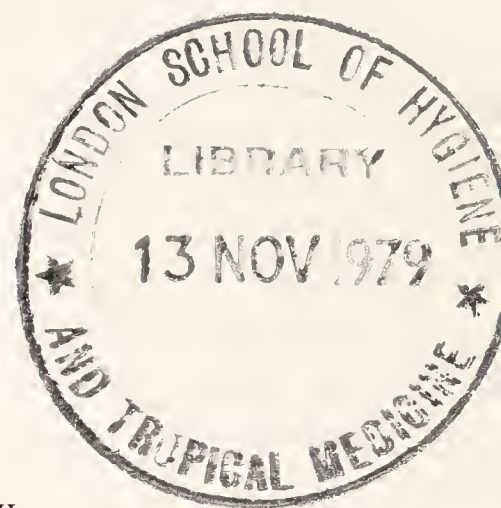


79th
ANNUAL REPORT
of the
**Medical
Officer of
Health**

REPORT FOR
THE YEAR 1977

Report of the Medical Officer of Health for 1977

Lukis House,
Grange,
Guernsey.



Sir,

I have the honour to present to you the Annual Report on the health of the Bailiwick of Guernsey for the year 1977.

I have the honour to be, Sir,

Your obedient servant,

C. G. WHITE,

Medical Officer of Health.

The President,
Board of Health,
Guernsey.

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Medical Officer of Health.

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Principal Nursing Officer—Miss M. E. Vincent, S.R.N.

MEMBERS OF STAFF

		<i>Date of commencement of service with Dept.</i>
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WHITE, Dr. C. G.	M.B.E., M.A., B.M., B.Ch., D.P.H., D.I.H. Medical Officer of Health	15.11.62
WITHERICK, Dr. Elizabeth H.	M.B., B.Ch., (Wales), Deputy Medical Officer of Health	24. 4.69
<i>Health Inspectors</i>		
BALL, Mr. J.	M.R.S.H., M.E.H.A. (Mem- ber of the Environmental Health Association, former- ly Association of Public Health Inspectors) Chief Public Health Inspector	1. 9.64
BAIRDS, Mr. J. M.	M.R.S.H., M.E.H.A. Public Health Inspector	14. 3.66
EDWARDS, Mr. S. R.	A.M.E.H.A. Senior Assistant Sanitary Inspector	15. 1.46
WILTSHIRE, Mr. S. B. W.	M.E.H.A. Public Health Inspector	1. 2.71
HARDIE, Mr. C. A.	Public Health Inspector	1. 1.75
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SIMON, Mrs. J.	S.R.N., S.C.M., H.V.Cert.	7. 2.66
RENIER, Miss H. M.	S.R.N., S.C.M., H.V.Cert.	1. 4.70
LANGLOIS, Mrs. M.	N.N., N.S.C.N., S.R.N., S.C.M., H.V.Cert.	15. 3.71 to 30. 4.77
GREEN, Mrs. M.	S.R.N., S.C.M., H.V.Cert.	13.11.72
CLEMENTS, Mrs. M.	S.R.N., S.C.M., H.V.Cert.	15. 1.73
MATTHEWS, Miss A. D.	S.R.N., H.V.Cert.	1. 1.75
<i>School Nurses</i>		
SMITH, Mrs. S.	S.R.N.	14. 2.72
ROLAND, Mrs. J.	S.R.N., S.C.M.	1. 3.72
<i>Community Nursing Team</i>		
Aeschimann, Miss D.	B.A.Hons., S.R.N., S.C.M. Nurse Co-ordinator.	13. 1.75
<i>Domiciliary Nursing Sisters</i>		
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OZARD, Mrs. H. M.	S.R.N., S.C.M.	1. 1.75
MEW, Mrs. P.	S.R.N.	28.6.76
LE CONTE, Mrs. M.	S.R.N., S.C.M.	18. 8.75
BAYAIT, Mrs. E. F.	S.R.N., N.N.E.B.Obst.Cert.	10.5.76 to 31.12.77

INTRODUCTION

The following paragraphs are included for those who may read this report without any background information about the area it concerns.

The administrative area is the Bailiwick of Guernsey, which comprises the islands of Guernsey, Alderney, Sark, Herm and Jethou. Guernsey is the largest of these and the most westerly of all the Channel Islands: Alderney is the most northerly and but nine miles from the coast of France. Sark, Herm and Jethou lie between Guernsey and that section of the coast of France which contains the Bay of Avranches. Alderney and Sark each have their own Parliament, the States of Alderney and the Sark Chief Pleas. This is an over-simplification which must suffice for present purposes, but the student will not lack for much more detailed information elsewhere.

The Public Health Department functions within the Board of Health. The Board is a standing committee of the States of Guernsey, deriving its powers from Guernsey legislation and responsible to the States. This independence from the central government of the United Kingdom is what the stranger to the Channel Islands finds most difficult to understand. Nevertheless it is so and some 900 years of self-government since William, Duke of Normandy gained the English Crown are sufficient proof of this.

GEOGRAPHICAL

The Island of Guernsey lies seventy five miles from Weymouth, forty-two from Cherbourg and sixty one from St. Malo. In area 25 square miles (6,500 hectares) its highest point is 345 feet (or 105 metres) above mean sea level.

METEOROLOGICAL DATA—1977

(Recorded at Guernsey Airport unless otherwise stated)

Sunshine Hours:

Guernsey—Airport	...	...	1,785.6	Average 1955-76	...	...	1,835.6
L'Ancrese	...	...	1,912.2				

British Isles—1. Guernsey (L'Ancrese)
2. Jersey (St. Helier)
3. Jersey (Gorey)

Sunless Days:

Guernsey	46	Average 1955-76	62.0
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Rainfall:

Total 1977:	876.9 mms. (34.5 ins.)	Average 1947-76:	855.5 mms. (33.7 ins.)
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Rain Days 1977:

190	Average 1947-76:	175.5
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Mean daily air temperature 1977:

Mean Maximum:	12.8°C 55.0°F)	Average 1947-76:	13.2°C (55.8°F)
Mean minimum:	8.5°C (47.3°F)	Average 1947-76:	8.4°C (47.1°F)
Mean daily range:	4.3°C* (7.7°F)	Average 1947-76:	4.8°C (8.6°F)

* New Record.

(With acknowledgements to the Weather Report for 1977 produced by Mr. M. J. Lillington, Senior Meteorological Observer, Guernsey Airport.)

Vital Statistics—Guernsey only—1977

Population—residents	...	...	...	...	...	54270
Area	...	...	...	...	...	16101 acres
Population density	...	...	...	...	...	3.37 per acre

	Number		Rate 1977	Rate 1976	Mean of 5 years 1972-1976	Highest in 5 years 1972-1976	Lowest in 5 years 1972-1976	England & Wales latest available published figure 1976-1977
Deaths (total)	617	per 1000 resident population						
		Crude						
		* Corrected						
Cancer mortality (all forms)	158		11.37	11.30	11.55	11.93	11.30	12.2
Lung cancer mortality	40		10.35	10.28	10.64	10.86	10.28	
Tuberculosis mortality	2	"	2.91	2.59	2.62	2.68	2.55	2.55
Live births (legitimate and illegitimate)	587	"	0.74	0.52	0.62	0.74	0.52	0.68
Live births (illegitimate only)	64	"	0.04	0.05	0.03	0.04	0.00	0.02
Stillbirths	3	"	10.83	11.62	13.02	15.81	11.48	11.6
		live births	109.03	113.96	95.99	113.96	69.02	97
		total births	5.09	11.11	12.52	16.10	8.78	9.4
		(live and still)						
Infant mortality (deaths in first year of life)	5	live births	8.52	14.44	15.4	17.72	13.25	13.8
Neonatal mortality (deaths in first month of life)	1	"	1.71	12.84	11.69	13.09	8.84	9.3
Early neonatal mortality (deaths of infants under one week)	1	"	1.71	12.84	10.23	12.84	7.36	7.6
Perinatal mortality (stillbirths and deaths of infants under one week)	4	total births	6.78	23.81	22.23	25.76	17.57	17.0
		(live and still)						
Maternal mortality	0	"	0.00	0.00	0.29	1.45	0.00	0.13

* The correction is related to the particular age and sex distribution of the island. The comparability factor is 0.91.

POPULATION STATISTICS

The estimated mid-year population for 1977 was 54,270—being 26,205 males and 28,065 females.

For the second time in three years the number of births in the year has failed to make up for the number of resident deaths occurring in the community. Deaths totalled 617 while births, at 587, fell 30 short of this number. The deficit therefore increases over the three year period.

<i>Year</i>	<i>Deaths</i>	<i>Births</i>	<i>Natural Increase</i>
1975	634	611	—23
1976	606	623	+17
1977	617	587	—30
3 years	1,857	1,821	—36

The number of deaths in 1977 is close to the average of the past 10 years—which is 620. However, the average annual live births over the same period is 709; at 587 the number of live births in 1977 is 122 below this average. Clearly then, the negative natural increase of the population is due to a declining number of births, not an increase in the number of deaths.

The number of live births in a calendar year has never been recorded below 600 before—with the only exception of the years 1940 to 1945.

However, not all the population statistics for 1977 are gloomy. For example, infant mortality, neonatal mortality and perinatal mortality are the lowest ever recorded and well below the mean of the past five years. These are summarised below, but are given in full in the vital statistics summary on page 7.

	No.	Rate per 1,000 live births		
		1977	Lowest 1972-76	
Infant deaths (under 1 year old)	5	8.5	13.3	(1974)
Neonatal deaths (under 1 month old)	1	1.7	8.8	(1974)
Early neonatal deaths (under 1 week old)	1	1.7	7.4	(1974)
		Rate per 1,000 total births		
Stillbirths	3	5.1	8.8	(1972)
Perinatal deaths (stillbirths and early neonatal deaths)	4	6.8	17.6	(1972)

There were 64 illegitimate live births, a rate for the year of 109 per 1,000 live births—or nearly 11%. This exceeds the five year average (1972-76) which is 9.6%, but is below the rate for 1976 which was 11.4%. The actual number of illegitimate births occurring during the year is close to the ten year average of 66.4.

Year	Illegitimate Rate per 1,000		Year	Illegitimate Rate per 1,000	
	Births	Live Births		Births	Live Births
1967	77	103.9	1972	66	83.5
1968	59	78.5	1973	45	69.0
1969	77	92.8	1974	68	100.2
1970	65	81.9	1975	68	111.3
1971	68	88.5	1976	71	114.0
			1977	64	109.0

There were no maternal deaths in 1977.

Marriages and Marriage rates 1967-77

<i>Marriages</i>		<i>Marriages per 1,000 population</i>
1967	389	8.5
1968	416	9.1
1969	462	9.8
1970	465	10.0
1971	461	9.3
1972	437	8.7
1973	417	8.3
1974	461	9.0
1975	425	8.0
1976	390	7.3
1977	372	6.9

Annulments—nil

Divorces—65

At 372 marriages the rate has fallen to 6.9 per 1,000 population. This is the lowest rate recorded in over thirty years and the smallest number of marriages since 1965 (362). It can be seen from the table above that the number of marriages and the rate have been falling steadily since 1974. The average of the ten years 1967-1976 is 432 marriages and the average rate over the same period 8.8 per 1,000 population.

I am indebted to the Secretary of the Housing Authority for sending me the following figures each year, tabulated here over the ten year period 1967-1976 for comparison.

(Summary of some housing statistics—based on reports from the Secretary to the Housing Authority as at 31st December of the stated year).

Year	Priority Families	Eviction Cases	17+ Points	1-16 Points	Zero Points	Dwellings Constructed	Families Housed	Dwellings in Course of Construction or Conversion
1967	6	20	24	145	110	—	75	—
1968	5	27	25	228	133	29	53	83
1969	7	23	10	220	115	59	109	297
1970	8	25	4	214	160	73	100	244
1971	4	10	1	113	190	183	194	61
1972	2	8	1	95	173	65	154	—
1973	1	8	—	113	155	—	74	—
1974	5	20	3	127	115	—	54	29
1975	2	18	—	161	111	36	51	103
1976	1	13	1	176	101	64	84	58
1977	2	11	—	175	85	46	104	—

Mortality Experience

At 617 the total of deaths of residents is slightly above the average of the preceding five years—604. However, the corrected death rate per 1,000 resident population of 10.35 in 1977 compared with an average corrected rate for the years 1972-76 of 10.64.

By looking at Appendix III the broad picture of causes of death can be seen, divided into the seventeen groups of the International Classification and subdivided by sex and by age group.

The pattern of mortality shows no striking change from that of recent years; indeed it is the similarities which are the more striking. Compare the numbers of deaths due to diseases of the circulatory system for the years 1976 and 1977.

Group VII deaths	M	F	Total
All ages 1976	141	174	315
All ages 1977	143	174	317

In this group, although female deaths predominate taking all ages together, male deaths predominate in all age groups under the age of 80 years, as can be seen by glancing along the columns in Appendix III. The detail can be followed to Appendix IV, which demonstrates the predominance of male deaths from coronary heart disease (coded 410) at all ages below 75 years. Indeed, there are only 12 female deaths from this cause under age 75 as against 33 male deaths. In 1976 there were again only 12 female coronary deaths under age 75 compared with 37 male deaths.

Malignant diseases, that is to say cancer, are the second commonest cause of death accounting for 158 altogether or 25.6% of all deaths (in 1976, 139 or 22.9%). The largest number of deaths in Group II is coded 162—cancer of the trachea, bronchus and lung. In 1977 there were 40 lung cancer deaths—in 1976 only 28.

Group II No. 162—Malignant neoplasm of trachea, bronchus and lung.

	M	F	Total
All ages 1976	22	6	28
All ages 1977	34	6	40

There can be no denying that this increase is entirely due to the increase in male lung cancer deaths—an increase of almost 55% on 1976. This is bad news for those youngsters who seem so determined to become heavy cigarette smokers as soon as they possibly can. It may also disturb those of their elders who have been heavy cigarette smokers for more years than they care to remember. At this rate a hundred people, mostly men between the ages of 45 and 75, are due to discover that their own lungs are affected within the next three years.

Lung cancer therefore accounts for one in four of deaths from all forms of cancer. The rate of 737 per million population is higher than the average of the preceding five years—620 and nearly equal to the rate in 1972, the highest of those years. In 1971 the Guernsey rate was 790 per million due to 39 lung cancer deaths occurring in a slightly smaller population.

LUNG CANCER—GUERNSEY

Death rates per million by sex. (Four years compared)

Year	<i>Number of deaths</i>			<i>Death rates per million</i>		
	M	F	Persons	M	F	Persons
1971	36	3	39	1516	117	790
1972	31	6	37	1290	231	740
1976	22	6	28	849	216	522
1977	34	6	40	1298	214	737

(Details of the past six years—including 1977—and comparisons with the same information as published by Jersey and by England and Wales, are shown at Appendix VII).

LUNG CANCER—GUERNSEY

Age and sex distribution of deaths occurring in 1977.

Age Groups	M	F	Persons
45-49 years	2	1	3
50-54 „	3	—	3
55-59 „	2	1	3
60-64 „	5	1	6
65-69 „	7	1	8
70-74 „	9	1	10
75+ „	6	1	7
All ages	34	6	40

1977 was the year of the tobacco industry's most publicised reverse—the collapse of the “tobacco substitute” project. Much careful and probably expensive preparation preceded the incorporation of tobacco substitutes into cigarettes in varying proportions and several new brand names appeared on the market. The campaign cannot be claimed to have achieved anything approaching success.

And yet this only serves to underline the greater defeat—the tacit admission that tobacco in cigarette form is recognised as a danger to health even by cigarette manufacturers.

Alas, the search for the “safe cigarette” is seeking pie in the sky—for it probably does not exist: and even if some harmless formulation were available and on sale now, its claim to “safety” could not be substantiated with any degree of confidence before the year 2,000.

During 1977, a joint committee came into being with the declared aim of reducing cigarette consumption throughout the Channel Islands—a response to the high mortality from the cigarette related diseases which is the experience of all the island populations. It consists of members of the States of Guernsey Board of Health, the States of Jersey Public Health Committee and a representative of the States of Alderney Health and Welfare Committee. No representative of Sark’s Chief Pleas sits, but the joint committee has the support of that body in its pursuit of this aim. This committee acts in the name of the Health Authorities of the Channel Islands—a title to which it may lay fair claim.

Faced with records of tobacco related mortality and morbidity which have reached levels as high as any in the world, this joint committee has set itself the task of examining practicable ways and means of reducing cigarette demand and cigarette smoking. An approach is planned to the Tobacco Advisory Committee to agree the printing of a health warning on all cigarette packaging and advertising concerning Channel Island sales. Similar requirements are to be demanded of manufacturers importing cigarettes into the islands from elsewhere. The problem of duty-free cigarettes must also be tackled, so that a warning appears on every packet available within the Channel Islands trading area.

It will take time for these requirements to be met—too slowly for many people. Nevertheless, when every packet and every advertisement reminds the purchaser that the practice of smoking cigarettes is a risk to his own health and harmful to others, none can claim to have been left in ignorance of the facts.

The work of the combined Health Authorities will not end there—indeed it will only have begun. Hoteliers and restaurateurs should be invited to consider providing segregated accommodation where smokers may freely indulge in the company of consenting adults, thereby enabling managements to keep areas of at least comparable size in their establishments free from pollution by tobacco smoke. Businesses and firms should be encouraged to consider the provision of staff smoking rooms, so that open-plan offices can be maintained tobacco smoke free. Persuasion may not always succeed, but it must be tried first and given a fair trial. Unfortunately there are still some smokers who continue to take it for granted that they may smoke anywhere—as of right—regardless of the rights of others. This assumption need not be fostered.

GROUP VIII—Diseases of the Respiratory system.

These diseases accounted for 68 deaths in 1977 (72 in 1976); Bronchopneumonia accounted for a large proportion of these, 21 deaths more or less equally shared

between the sexes, 10 male and 11 female, all occurring in the age groups commencing with age 65. The next commonest respiratory cause of death was chronic bronchitis—18 deaths with a marked preponderance of males—16 to 2 females. This, again, is among the tobacco-related diseases and so it is not surprising that male deaths start from the age of 50.

GROUP XVII—Accidents, Poisoning and Violence.

Altogether there were seventeen deaths among the resident population in 1977 attributable to violent or accidental causes. These can be seen in Appendix III, the detail in Appendix IV and the classification by External Cause at Appendix V. Falls accounted for six of these deaths, traffic accidents, accidental poisoning and suicide three each.

Cremations

A total of 260 cremations took place in 1977. This includes 12 requested from elsewhere.

Year	Cremations Guernsey	Cremation Requests	Cremations (Guernsey) as a Proportion of Resident Deaths
1967		129	not recorded
1968		149	„ „
1969		195	„ „
1970	177	7	28.7 per cent
1971	212	5	32.8 „ „
1972	213	4	37.0 „ „
1973	206	4	34.6 „ „
1974	218	8	35.7 „ „
1975	222	12	35.0 „ „
1976	223	12	36.8 „ „
1977	260	12	42.1 „

Cremation Requests are requests for cremations at the Guernsey crematorium for persons other than Guernsey residents.

These figures are not included in column 2 or 4.

In 1977 there were more elections for cremation than in any year since the crematorium was first used in 1930. As a proportion of total resident deaths, 42 per cent, this represents a considerable increase over all previous years. The trend is to be welcomed for an island community. Earth burial is still preferred by a majority, although cremation elections increase steadily. As has been said before, this is an intensely personal choice in which feelings run deep, even though unexpressed. It is right that it should remain so.

Notifiable Diseases

Although 729 notifications were received of known or suspected infectious disease or food poisoning, by far the majority (72%) referred to measles and most of these occurred in the second half of the year among children aged between

4 and 8 years old. (see table). The epidemic was slow to get under way with about 30 cases occurring in July and in August and then a lull occurred in September—only 3 cases—and October, 21 cases. Then the outbreak developed along more usual lines—November 83 cases, December 341 cases—and the epidemic continued into 1978.

The next most common infection notified proved to be whooping cough, 157 cases, almost all of which occurred in the winter and spring. The peak was passed in March. How many of these cases might have been prevented by inoculation in infancy is an imponderable, but there is no doubt that the organism responsible was above average virulence. Infant immunisation was below levels usual in recent years, chiefly because of parental reluctance to accept pertussis protection. This resistance stemmed from a single television programme which, with whatever good intentions, had the effect of alarming many young parents about the safety of whooping cough vaccines.

Since that programme the Standing Medical Advisory Committee has patiently reviewed all the evidence, both on the mainland and from other European countries, without finding any confirmation of the alarming conclusions put forward by the television programme. However, by the time all this careful and painstaking research was completed the damage had been done. Unprotected children have had to contend with whooping cough unaided, their infant lungs subjected to the damaging stress of the almost uncontrollable paroxysms of coughing, which are the hallmark of the disease. In the Guernsey cases older children and even some adults became infected, but the greater harm occurs the smaller the child, whose immature tissues are sorely taxed by so violent an affliction as unmodified whooping cough. Infant lungs thus damaged do not repair well and a lifetime of respiratory distress is all too commonly the legacy.

Thirty three cases of food poisoning were notified, two thirds of them occurring at the year's end. Four times as many were to follow in the New Year and all from a single evening's entertainment. Intensive work aimed at tracing the source appeared to implicate a shellfish entrée course, but conclusive proof is lacking and may never be forthcoming.

There were eight cases of tuberculosis notified, by far the largest number to be notified in any one year for some years. However, of these, two cases were non-pulmonary and both patients had histories of prolonged residence abroad. It is almost certain that each contracted the infection elsewhere. Of the six pulmonary T.B. notifications four proved to be old, healed cases showing no evidence of activity. The remaining two cases were active, but only to a very limited degree.

The following notifiable diseases were reported during the year 1977.

Disease 1977	Total	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
Acute encephalitis	1	1	—	—	—	—	—	—	—	—	—	—	—
Food Poisoning	33	7	1	1	—	—	1	—	—	—	1	—	22
Hepatitis	3	—	—	—	2	—	—	—	—	—	—	—	1
Measles	523	2	1	4	5	1	6	19	45	—	11	88	341
Meningitis	1	—	—	—	—	—	—	—	—	—	—	—	1
P.T.B.	8	—	—	2	1	2	—	—	—	—	—	1	2
Pertussis	157	10	40	71	11	17	—	4	1	—	—	—	3
Scarlet Fever	3	—	—	2	—	—	—	—	—	—	—	—	1
TOTALS	729	20	42	80	19	20	7	23	46	—	12	89	371

N.B. Tabulated according to the date of arrival of each notification, NOT by date of onset.

Measles Outbreak, Guernsey 1977

Development by date of onset and date notification received.

	<i>Date of onset</i>	<i>Notifications received</i>
January to June	19	19
July	30	19
August	31	45
September	3	0
October	21	11
November	83	88
December	336	341*
	<hr/> 523	<hr/> 523

* including notifications received during January 1978 referring to cases commencing in December 1977.

Measles Outbreak, Guernsey 1977

Notifications received up to week ending 30th December, 1977. Tabulated by age.

<i>Age</i>	<i>No.</i>	<i>%</i>
Under 1 year old	14	2.7
Over 1 but under 2 years old	37	7.1
Over 2 „ 3 „	46	8.8
Over 3 „ 4 „	89	17.0
Over 4 „ 5 „	82	15.7
Over 5 „ 6 „	117	22.4
Over 6 „ 7 „	66	12.6
Over 7 „ 8 „	33	6.3
Over 8 „ 9 „	11	2.1
Over 9 „ 10 „	2	0.4
Over 10 „ 11 „	1	0.2
11 years and older	9	1.7
Age omitted from notification	16	3.0
	<hr/> 523	<hr/> 100.0
All ages		

Age 0 to 3 years old incl.	97	18.5	Ratio (4)
Age 4 to 7 years old incl.	354	67.7	Ratio (15)
Age 8+ (incl. age not known)	72	13.8	Ratio (3)
All ages	523	100.0	(22)

Accidental Poisoning—Children

	1977				1976			
	M	F	Monthly Total	Quarterly Total & to date	M	F	Monthly Total	Quarterly Total & to date
Jan	1	—	1		1	2	3	
Feb	2	1	3		1	2	3	
Mar	1	1	2	6/6	3	—	3	9/9
April	1	—	1		1	—	1	
May	—	2	2		—	1	1	
June	3	5	8	11/17	3	4	7	9/18
July	2	1	3		—	5	5	
Aug	3	1	4		3	—	3	
Sept	3	4	7	14/31	1	3	4	12/30
Oct	—	1	1		3	5	8	
Nov	2	3	5		2	2	4	
Dec	1	2	3	9/40	2	2	4	16/46
Totals	19	21	40		20	26	46	

Based on hospital returns only.

40 children were admitted to the Princess Elizabeth Hospital with a history of having swallowed—or believed to have swallowed—a possible poison: this is six fewer than in 1976. Again girls predominated, as in 1976, but only just—21 to 19. Usually it is the boys who feature most in these tables.

26, or 65%, were able to be discharged the same day and all but one of the remainder needed to spend only one night in hospital.

The youngest was 11 months old, a girl, and the oldest were two boys, both aged 5 years 9 months. The mean age of all children was 3 years and 1 month, of girls 2 years 10 months and boys 3 years and 5 months. So the pattern seems to have changed somewhat. Now it is the girls who are the more inquisitive and at an earlier age, the very opposite of the record not so many years ago.

Again, more children swallowed tablets than any other harmful item. 19 children (12 boys and 7 girls) swallowed various tablets including tranquillizers, sea-sickness pills, sleeping tablets, antibiotics and, of course, 'the Pill' itself, the contraceptive pill.

13 children chose liquids, varying from cough mixture to paint and including bleach, detergent, disinfectant, weed killer and paraffin. One cannot but be taken aback by the story of a three year old who is credited with consuming half a bottle of vermouth—a very small bottle, one hopes.

The remaining eight children chose such regular hazards as laburnum seeds, privet berries, toadstools, deadly nightshade and rat poison.

When one considers the large quantities, wide distribution and frequent use of a broad range of agricultural and horticultural chemicals, it is satisfactory to have so little evidence of harm occurring to children from these substances. During 1977 in fact there was a report of a child believed to have inhaled a pesticide formulation belonging to the organophosphorus group, but it was not found necessary to detain the case in hospital. With such large quantities in regular use within the growing industry, precautions can never be relaxed, particularly where children may be involved. That there was only one reported case suggests a high degree of responsibility among those who use these chemicals. Long may they continue to exercise the same care and control over them.

Accidental Poisoning—Children—1977

NATURE OF POISON	1977 Total (Year)	Total all ages		Under 1		1-2		2-3		3-4		4-5		5-6	
		M	F	M	F	M	F	M	F	M	F	M	F	M	F
Tablets (all kinds)	19	12	7	—	1	2	—	3	3	3	3	1	—	3	—
<i>Liquids</i>															
Cough Mixtures	4	1	3	—	—	1	—	—	2	—	—	—	1	—	—
Antibiotic Suspension	1	—	1	—	—	—	—	—	—	—	1	—	—	—	—
Disinfectant	1	—	1	—	—	—	—	—	1	—	—	—	—	—	—
Paraffin	1	1	—	—	—	—	—	1	—	—	—	—	—	—	—
$\frac{1}{2}$ Bottle Vermouth	1	—	1	—	—	—	—	—	—	—	1	—	—	—	—
Toilet Water	1	—	1	—	—	—	—	—	—	—	1	—	—	—	—
Parazone Bleach	1	—	1	—	—	—	—	—	—	—	1	—	—	—	—
Paint	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—
Detergent	1	1	—	—	—	1	—	—	—	—	—	—	—	1	—
Weed Killer	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—
Rat Poison	1	—	1	—	—	—	—	—	—	—	1	—	—	—	—
<i>Berries, Seeds etc.</i>															
Privet Berries	1	—	1	—	—	—	—	—	1	—	—	—	—	—	—
Berries (? lily)	1	1	—	—	—	—	—	—	—	—	—	—	—	1	—
May Berries	1	—	1	—	—	—	—	—	—	—	—	—	1	—	—
Laburnum Seeds	1	1	—	—	—	—	—	—	—	—	—	1	—	—	—
Potato Tops	1	—	1	—	—	—	1	—	—	—	—	—	—	—	—
Toadstools	1	1	—	—	—	1	—	—	—	—	—	—	—	—	—
Deadly Nightshade	1	—	1	—	—	—	—	—	—	—	—	—	1	—	—
TOTALS	40	19	21	—	1	5	2	4	7	3	8	2	3	5	—

REPORT OF MR. J. BALL, CHIEF PUBLIC HEALTH INSPECTOR, FOR THE YEAR 1977

INTRODUCTORY

During the year the Public Health Inspectors carried out their routine duties, culminating with a heavy commitment involving an unfortunate outbreak of food poisoning at a busy hotel during December. Despite painstaking efforts by the two Inspectors most involved, no positive reason can be offered for cause or transmission. Out of approximately 170 persons attending several functions on the evening in question (the menus being similar) no less than 140 complained of symptoms. All food-handling staff were screened and cleared. Scrupulous attention was paid to general food hygiene, but attention was focussed on the foodstuffs eaten. Cross checking, involving no less than 357 visits seemed to incriminate scampi, but this could not be substantiated beyond reasonable doubt.

On a happier note the Island's Public Health Inspectors were glad to be able to welcome a visiting party of Environmental Health Officers (now so designated in U.K.) from the South-east Centre of the Environmental Health Officers' Association. Four Public Health Inspectors from Jersey also attended. The gathering was graciously welcomed by the President of the States Board of Health at an informal buffet, whereafter matters of professional, technical and social interest were discussed. The visit lasted two days, thus enabling the party to visit most parts of the Island where items of public health interest were indicated and discussed. Environmental Health Officers in the U.K. meet on a Branch basis monthly, but geographical circumstances make it difficult for the Channel Islands officers concerned to meet their mainland colleagues on so regular a basis.

STATISTICAL

There were 1461 general and varying complaints: rodent complaints totalled 2551.

The following table includes classified, routine and special visits and inspections carried out by Public Health Inspectors in the general category (i.e. excluding food matters).

CLASSIFIED VISITS AND INSPECTIONS—GENERAL

	1977	1976
Housing inspections	544	288
Houses in multiple occupation	11	11
Overcrowding complaints	7	14
Drainage—general	421	335
Drain tests applied	28	41
Septic tanks	6	6
Public sewers	15	13
Water supplies	65	46
Public conveniences	32	23
Verminous premises—visits	48	40
Disinfestations	54	60

CLASSIFIED VISITS AND INSPECTIONS—GENERAL (continued)

	1977	1976
Atmospheric nuisances	120	136
Noise nuisances	11	36
Refuse accumulations	106	181
Controlled tips	10	30
Infectious disease investigations	—	9
Infectious disease other visits	—	24
Workplaces	2	8
Factories	1	5
Schools	1	6
Camping sites	4	3
Rodent control investigations	57	116
Streams etc.	15	24
Plans inspected	31	65
Island Development Committee visits	—	4
Swimming pool water (Bact.)	20	—
Swimming pool water (Cl ₂ & pH)	243	128
Visits to Herm	3	1
Visits to Alderney	1	2
Visits with other departments	15	16
Miscellaneous visits	94	151
Unsuccessful visits	101	66
Complaints from parochial authorities	2	6
States Prison	1	—
Abandoned vehicles	4	3
Immigration enquiry	1	—
Vehicle burning site	13	—
Victoria Avenue tip	26	5
Piggery	4	8
Nursing homes	1	2
Playing fields	2	—
Exhumation	1	—
Proposed home for elderly	1	—
Farms	—	6
Beach contamination	—	1
Dangerous chemicals	—	1

HOUSING

562 housing inspections (including re-inspections) were made during the year.

Housing closures

Ten dwellings were closed during the year. The defects in all cases were classic examples of what, in aggregate, decided the writer to recommend the issue of Closing Notices. Two closed dwellings are worthy of particular mention in more detail:

1. In St. Peter Port two inter-connecting 'dwellings' (within the same curtilage) owner-occupied by two old age pensioners. It is difficult to describe the structural character and internal antiquity of these dwellings. Unfit in all respects (except for the provision of an internal water supply), notable features included a bedroom with a ceiling height of 5' 3", badly sloping floorboarding overall, dangerous and convergent staircases: the rear structural elevation itself

appeared to be compounded of battens, lath and a thin skin of plaster, badly cracked and broken and probably dangerous. All standard amenities were missing: artificial lighting was by gas. The States Housing Authority offered the owners suitable new alternative accommodation, which was accepted without delay.

A number of apparently valuable antique items, of historic interest, were noted in the property and the owners stated that they wished to dispose of them freely. The writer communicated with the National Trust of Guernsey, who forthwith took possession of the articles for display in their museum.

2. In St. Peter's, an old fisherman's type dwelling of considerable age. The dwelling was found damp overall, being subject to flooding not only by high tides when accompanied by strong winds, but also to a badly defective roof and rising damp. Most woodwork, particularly the window frames was found to be spongy and rotted beyond repair. There was a lack of all basic amenities and disrepair was general. Not surprisingly both occupants suffered from rheumatism. The Housing Authority acted promptly in rehousing the occupiers.

Much remains to be done in ameliorating housing conditions. Unfit dwellings, many let at extortionate rents, are an avoidable cause of human stress. They are seen, in the writer's opinion, as an unnecessary social evil.

FOOD CARE AND HYGIENE, FOOD PREMISES

The following table refers to the activities of the Public Health Inspector in the field of food control, food preparation premises and food care and hygiene.

CLASSIFIED INSPECTIONS AND VISITS—FOOD

	1977	1976
Sampling—food	59	70
—milk	—	4
—ice cream	15	12
—water	104	376
Food consumer complaints	49	64
Food complaints—other visits	120	113
Food surrender	230	229
Restaurants, cafes, etc.	223	252
Bakehouses	50	33
Canteens	5	5
Public houses	47	54
Hotels, guest houses	209	163
States Dairy and milk depots	8	19
Dairy farms	61	48
Ice cream and food registrations	5	13
Wet fish dealers	34	8
Fish and chip shops	51	32
Grocers	174	168
Greengrocers	25	24
Butchers	84	95
Confectioners (bakery)	23	17
Vending machines and sites	—	1
Kiosks (beach, etc.)	50	47

CLASSIFIED INSPECTIONS AND VISITS—FOOD (continued)

	1977	1976
Food factories	27	26
Retail markets	2	11
States markets	10	14
Mobile vehicles	25	18
Wholesale/storage depots	50	55
Visits with other departments	—	58
Miscellaneous visits	345	294
Unsuccessful visits	162	187
Food poisoning—investigations	9	17
Food poisoning—other visits	449	146
Examination of food	95	66
Supervision of destruction of food	114	145
Food hygiene lectures	8	9
Slaughterhouse	11	3

FOOD COMPLAINTS

49 complaints were received; all were resolved without resort to formal action (64 in 1976).

Samples submitted for Bacteriological Examination

158 samples were taken—including 77 from wells/boreholes (25 unsatisfactory) and 30 from Beau Sejour pool (4 unsatisfactory). The remainder were mainly routine food sampling.

Samples submitted for Chemical Analysis

48 samples were taken for routine and 'on request' or 'following complaint' checking. No adverse comment is offered. Where necessary enquirers were advised of the results and their interpretations.

COMMENT

In the case of well or borehole water samples, all persons requesting sampling are strongly advised to instal purification apparatus whether the sample results are satisfactory or not. The Board of Health has, however, no legal power of enforcement in this matter in the case of the private domestic dwellings, but many persons have heeded departmental advice and taken the action recommended.

Statutory power for the provision of a *wholesome* water supply in food premises (handling open food) does exist by virtue of the Food and Drugs (Food Hygiene) Order 1976. Some 25 sites, mainly guest houses and self-catering units, were found to be without any means of water purification, either by chlorination or filtration. Action was taken to rectify this unsatisfactory situation and full co-operation was achieved.

Foodstuffs Voluntarily Surrendered during 1977

Amongst the food surrendered were the following items:

Meat (fresh/frozen) ...	...	8280 lbs.	...	...	...	13455 lbs. in 1976
Meat (tinned) ...	...	9627 lbs.	...	...	...	1057 lbs. „
Meat products ...	...	3674 lbs.	...	...	...	1241 lbs. „
Frozen foods ...	...	15683 pkts.	...	...	...	7101 pkts. „
Cheese, butter, margarine ...	...	2676 lbs.	...	...	...	4084 lbs. „
Fruit and vegetables ...	...	11723 lbs.	...	...	...	6437 lbs. „
Dairy products ...	...	1140 tins				
	...	4079 pkts.				

COMMENT

Fresh and frozen meat includes 3245 lbs. of frozen chickens surrendered following a refrigerator breakdown. Tinned meat includes 7528 lbs. of ham withdrawn by the manufacturer due to a processing fault.

The 4079 packets of pet foods were destroyed following the detection of an infestation of spider beetles, thus possibly endangering other food stocks intended for human consumption.

DISINFESTATION

Eighty-seven disinfestations were carried out during the year, principally by the rodent-operating staff, but some on a 'do-it-yourself' basis under the guidance of the public health inspector using smoke pellets. This procedure is certainly a time and money saver without loss of efficacy. The heaviest demand for assistance occurred during the months of July, August and September when 37 treatments were carried out.

ALDERNEY

The island was visited by a public health inspector on one occasion only in response to official request.

HERM

Three visits were made to this island, when conditions were found to be reasonably satisfactory, improvements in the main hotel kitchen and staff quarters being particularly noted. Rodenticides for preventive treatment were despatched during the early part of the year.

RODENT CONTROL

The figure for complaints and treatments against rodents (almost exclusively rats) totalled 2551, but this total does not include pre-baiting and test baiting and the survey work so necessary in preventive rodent control.

Category percentages were as follows:

Scheduled sector ...	...	...	...	...	...	43%	42% in 1976
Non-scheduled sector	...	...	...	...	...	57%	58% „

HEALTH EDUCATION

Eight lectures were delivered during the year, all on the subject of food control and food hygiene. Carried out at the College of Further Education, the lectures were for the purpose of preparing students to take the examination for the Diploma of the Royal Institute for Public Health and Hygiene.

In addition a number of requests for information was received, mainly from sixth form pupils undertaking 'A' level projects. General public health, hygiene, ecology, disposal of wastes, sewerage and sewage disposal were the principal aspects of their enquiries.

ATMOSPHERIC POLLUTION

Statistics here were somewhat more encouraging, there being a slight reduction in the number of complaints. It was stated in the 1976 Report that the burning of abandoned or scrap vehicles showed promise of a satisfactory solution towards the end of that year. This has proved to be a good forecast since there have been fewer complaints during the year 1977.

REFUSE DISPOSAL (infilling of formerly deep-water quarry)

Situated off Les Banques, work here progressed speedily without nuisance or cause for complaint. A year's further filling and compacting should see the end of this previously hazardous 'eyesore'.

STATES SLAUGHTERHOUSE

It is pleasing to conclude this report on a subject for satisfaction. At the year's end works were nearing completion on the much-needed improvements at the Slaughterhouse. When all is done we should certainly have a Slaughterhouse which can do nothing but benefit the Island community (health and hygiene wise) and of which it can be proud.

EXTRACTED FROM THE 1977 REPORT BY MISS D. AESCHIMANN, COMMUNITY NURSE CO-ORDINATOR

The building adjoining Lukis House, so kindly presented by the Central Council of the three Guernsey District Nursing Associations, was completed in January, 1977. On January 24th, Mr. R. A. de Putron, Chairman of the Council, presented the key of the new building to the President of the Board of Health, Mr. J. R. R. Henry in a brief ceremony to mark the formal transfer of ownership to the Board.

This annexe soon became known as the Community Nurses' Centre, aptly describing its intended function. Not only has it become a focal point for the District Nursing Sisters, but more widely has it become a centre through which contact can be maintained with the many other agencies, both States and voluntary, all working in the community services. Soon the Centre contained the stocks and equipment necessary for nursing patients in their own homes, including not only dressings packed and prepared by the Central Sterile Supply Department of the Princess Elizabeth Hospital, but incontinence pads, ripple mattresses and sheepskins for the bedfast.

During the year the Centre's larger room served as a useful, if diminutive lecture room. Various subjects were covered by a variety of guest lecturers, to all of whom thanks are due for giving up their time and passing on information about their particular spheres of interest. Among the most useful was a visit from a Nursing Sister from Bristol specialising in stoma therapy. As a direct result of this visit a Sister at the Princess Elizabeth Hospital attended a course on the subject and her services are now available to stoma patients throughout the Bailiwick. Other speakers covered a variety of subjects including the after-care of patients following eye surgery, the working of the States Pharmaceutical Scheme, the Home-Help Service, an Inspector of Police advised on what to do if involved in a road accident and a physiotherapist instructed on safe techniques for lifting patients. Mrs. Lemmon kindly agreed to answer questions about her job as a Medical Social Worker, an important link between patients in hospital and the same patients at home.

In December a sudden cold snap brought the risk of hypothermia to those whose mobility was restricted by age or infirmity, particularly those living alone. It was possible to call a meeting at short notice, to discuss practical measures aimed at reducing this risk and the resultant "coverage" by the Guernsey Evening Press and Channel Television undoubtedly helped to bring the problem to the notice of the public. Some cases of hypothermia did occur and were treated, and there is no doubt that many more cases were prevented.

It can be seen therefore, that the Board has put the gift of this Centre to many uses, all to the benefit of the community as a whole.

Staff changes were very few in 1977. We were very sorry to lose Mrs. Bayait on her departure from Guernsey, and Mrs. Loaring, a valued auxiliary. To take Mrs. Bayait's place we welcome Mrs. C. Le Gallez, SRN, SCM, to the whole time staff while happily Mrs. G. Carré has made good the second vacancy.

From time to time the prospect for providing a night duty element to the Community Nursing Service is examined; there is no doubt that such an addition would help to solve a number of problems facing relatives caring for patients in their own homes. However, it is clear that the existing staff is fully committed and any extension of our service to the community in this way will necessitate an increase in establishment. Present economic considerations dictate that a night duty service must remain, for the time being at least, a future development.

The pattern of work of nursing in the community shows a steady increase in the number of patients over 65 years of age. There has been an overall increase in both the total of patients of all ages receiving care and in the number of visits made to them. During 1977, an average of two hundred and eighty three patients were being nursed in their own homes every month (excluding maternity cases) which, at the very least, represents a substantial reduction in the cost of the only alternative—care in hospital. We like to think that there is much more to the task than this rather cold statistic—indeed, the kind appreciation of many patients and their relatives is truly gratifying.

THE SEXUALLY TRANSMITTED DISEASES

The figures for attendances at the two Special Treatment Clinics conducted by Dr. W. Cambridge and Dr. J. E. T. Strickland are given in detail at Appendices X and XI.

I have received the following letter from Dr. Strickland accompanying the year's attendance data.

“Dear Dr. White,

Special Treatment Clinic

Attendance Figures for the year 1977

I have pleasure in forwarding to you the figures for 1977. It is gratifying to note that attendances have been considerably less for all conditions than in previous years.

One feature which has emerged is that more persons attended for a check-up than have done in previous years. This must be considered to be a satisfactory trend.

Attendances at the Clinic for educational purposes of volunteer school leavers accompanied by a teacher have continued throughout the year.

Yours sincerely,

J. E. T. Strickland.”

Certainly the number of attendances at the male clinic is markedly diminished from 899 in 1976 to 322 in 1977. The number of new infections is also down from 172 to 146. There was not one new case of syphilis to attend this clinic in 1977, a welcome change from the 6 new cases in 1976 and the dismaying total of 18 in 1975.

At the female special clinic, attendances were half those of the preceding year (93 in 1977 and 186 in 1976) and new infections were down by 30% (43 in 1977 as against 62 in 1976).

In addition to confirmed cases diagnosed at the Special Treatment Clinics, 27 further cases were confirmed as positive venereal infections by the Pathological Laboratory. Of these 26 proved to be suffering from gonorrhoea and one had contracted syphilis.

The distribution of these cases of gonorrhoea, by age and sex, is as follows:

Age group	Persons	Male	Female
Under 20 years old	4	2	2
20-29 „ „	12	9	3
30-39 „ „	4	3	1
40+ „ „	0	0	0
Age not stated	6	4	2
	—	—	—
All ages	26	18	8
	—	—	—

(The single case of syphilis was a male in the 40+ age group).

PUBLIC HEALTH DEPARTMENT—FINANCE 1977

(The figures for 1976 are shown in brackets—adjusted to the nearest £1).

Analyst's Fees	...	...	...	...	£1754.60	(2023)
Cleaning, Fuel, Light, Water and Rents	...	...	...	...	6855.74	(4083)
Infectious Diseases:						
Doctors' Fees	...	...	...	...	3026.26	(2471)
Drugs, Vaccines etc.	...	...	...	...	4322.31	(4450)
					7348.57	
Less Recoveries	...	...	...	...	1135.57	(620)
					6213.00	(6301)
Office Equipment and Furniture	...	...	...	...	1051.28	(1448)
Postage, Stationery and Telephone	...	...	...	...	5062.83	(3987)
Rodent and Pest Control Materials	...	...	...	...	1828.91	(1455)
Salaries and Wages	...	...	...	...	145477.22	(134448)
Special Treatment Clinic	...	...	...	...	7452.58	(5860)
Staff Training	...	...	...	...	—	(514)
Superannuation less Employees' Contributions	...	...	...	...	19790.53	(18597)
Upkeep and Repair of Building	...	...	...	...	826.75	(802)
Travelling Expenses	...	...	...	...	14711.72	(13548)
Welfare Foods	...	...	...	...	2843.70	(1504)
Less Recoveries	...	...	...	...	2382.54	(1257)
					461.16	(247)
Other Expenses	...	...	...	...	2737.64	(2777)
					214223.96	(196090)
Less Recoveries from Education Council					18870.00	(18750)
					£195353.96	(177340)

APPENDIX I

YEAR	Guernsey Estimated Population to middle of each year	BIRTHS		DEATHS			DEATHS Under 1 year	
		No.	Rate per 1,000 pop.	No.	Crude Rate per 1,000 pop.	Corrected Rate per 1,000 pop.	No.	Rate per 1,000 Births
1948	43,179	870	20.2	445	10.4	7.3	17	10.5
1949	44,374	795	17.9	495	11.1	7.7	20	25.1
1950	44,792	746	16.6	480	10.7	7.4	22	29.5
1951	44,498	775	17.4	510	11.4	8.0	11	14.2
1952	43,367	736	16.9	464	10.7	7.5	24	32.6
1953	44,158	727	16.5	456	10.4	7.3	23	31.6
1954	43,414	689	15.8	492	11.3	7.9	9	13.1
1955	42,073	667	15.9	423	10.0	7.0	18	26.9
1956	41,149	701	17.0	495	12.0	8.4	14	19.9
1957	40,721	725	17.8	517	12.7	8.89	24	33.0
1958	43,450	717	16.5	497	11.4	7.98	16	22.3
1959	43,950	709	16.1	498	11.3	7.91	14	19.7
1960	44,700	769	17.2	491	10.9	7.63	11	14.3
1961	45,000	757	16.8	569	12.6	8.82	16	21.1
1962	45,203	797	17.6	569	12.5	8.68	15	17.6
1963	45,339	842	18.5	542	11.7	8.21	24	28.5
1964	45,475	891	19.6	540	11.89	10.22	19	21.32
1965	45,611	816	17.9	568	12.45	10.71	16	19.61
1966	45,747	780	17.05	564	12.3	10.57	13	16.6
1967	45,884	741	16.14	546	11.46	9.83	21	28.34
1968	46,182	752	16.28	656	14.2	12.21	16	21.28
1969	46,343	830	17.91	643	13.87	11.93	14	16.87
1970	46,505	794	17.07	616	13.24	11.39	13	16.37
1971	49,399 *	768	15.55	646	13.08	11.90	10	13.02
1972	49,972	790	15.81	576	11.53	10.49	14	17.72
1973	50,552	653	12.92	595	11.77	10.71	12	18.38
1974	51,138	679	13.28	610	11.93	10.86	9	13.25
1975	53,200	611	11.48	634	11.92	10.85	9	14.73
1976	53,637*	623	11.62	606	11.3	10.28	9	14.44
1977	54,270	587	10.83	616	11.37	10.35	5	8.52

The correction is related to the particular age and sex distribution of the Island.

The comparability factor since 1971 has been 0.9.

* Census figures.

APPENDIX II—POPULATION BY AGE GROUPS 1961-1971—GUERNSEY BAILIWICK

Age last Birthday	1961		1971		Percentage inc. or dec.(-) 1961-1971
	Persons	Males	Females	Persons	
0- 4	3706	1912	1794	4033	1994
5- 9	3481	1809	1672	4324	2214
10-14	4075	2076	1999	4044	2052
15-24	5706	2853	2853	7885	3984
25-34	5693	2826	2867	6417	3229
35-44	6011	2955	3056	6154	3030
45-54	6392	3155	3237	6468	3115
55-64	5588	2587	3001	6611	3147
65 +	6447	2545	3902	7798	3113
All ages	47099	22718	24381	53734	25878
					27856
					8.82
					4.29
					13.66
					24.22
					22.39
					26.19
					(-)0.76
					(-)1.15
					(-)0.35
					38.19
					39.64
					36.73
					12.72
					14.26
					11.20
					2.38
					2.54
					2.23
					1.19
					(-)1.27
					3.58
					18.31
					21.65
					15.43
					20.96
					22.32
					20.07
					14.09
					13.91
					14.25

BAILIWICK BY ISLANDS

	Guernsey (inc. Herm and Jethou)				Alderney				Sark (inc. Brecqhou)			
	Persons	1961	Male	Female	Persons	1961	Male	Female	Persons	1961	Male	Female
0- 4	3572	1829	1743	1957	104	62	42	70	30	21	13	12
5- 9	3337	1726	1611	2039	120	69	51	54	24	14	16	17
10-14	3940	2006	1934	1939	108	57	51	42	27	13	16	11
15-24	5487	2737	2750	3778	159	88	71	92	60	28	26	31
25-34	5432	2675	2757	3060	194	117	77	84	67	34	34	44
35-44	5737	2810	2927	3000	204	109	95	99	70	36	39	25
45-54	6124	3038	3086	3172	183	80	103	135	85	37	30	46
55-64	5267	2436	2831	3252	206	98	108	156	115	53	48	56
65 +	6172	2414	3758	4469	194	97	97	157	81	34	67	59
All ages	45068	21671	23397	26666	1472	777	695	889	559	270	289	301

APPENDIX IIA

Population changes by comparing the 1971 and 1976 censuses :

GUERNSEY, HERM AND JETHOU

	PERSONS			MALES			FEMALES		
	1971	1976	% inc. or dec.	1971	1976	% inc. or dec.	1971	1976	% inc. or dec.
0-4	3885	3344	—13.9	1928	1735	—10.0	1957	1609	—17.8
5-9	4187	4007	—4.3	2148	1978	—7.9	2039	2029	—0.5
10-14	3927	4407	+12.2	1988	2284	+14.9	1939	2123	+9.5
15-24	7654	7973	+4.2	3876	4043	+4.3	3778	3930	+4.0
25-34	6157	7381	+19.9	3097	3701	+19.5	3060	3680	+20.3
35-44	5888	6259	+6.3	2888	3132	+8.5	3000	3127	+4.2
45-54	6149	6320	+2.8	2977	3021	+1.5	3172	3299	+4.0
55-64	6228	5995	—3.7	2976	2847	—4.3	3252	3148	—3.2
65+	7383	7951	+7.7	2914	3168	+8.7	4469	4783	+7.3
All ages	51458	53637	+4.2	24792	25909	+4.5	26666	27728	+4.0

The percentage changes of the various age groups need to be regarded with a measure of reserve, because like is not precisely being compared with like. The explanation for this is that the 1976 figures are those of the resident population, while the 1971 figures are the census night population, i.e. residents and visitors.

However, it is not possible to identify visitors in each age group from the published information of the 1971 census. Furthermore, Alderney and Sark took no part in the 1976 census, so that the proportion of the 2,263 visitors enumerated in the 1971 census of the Bailiwick which was counted in Guernsey, Herm and Jethou cannot be established either. It would certainly have been a majority, but it is thought better to record the facts than to subtract an estimated number of visitors.

To bring the problem into perspective, all the visitors enumerated in the 1971 census represent only 4.4 per cent of the 1971 enumeration for Guernsey, Herm and Jethou alone, so the actual proportion was certainly less.

(Total visitors, Bailiwick, 1971 census 2263. Males 1132: Females 1131).

APPENDIX III RESIDENT DEATH OCCURRENCES

Group	Cause of Death	M Total all ages	F Total all ages	1977 Grand Total	M Under 1	F Under 1	M 1	F 1	M 2	F 2	M 3	F 3	M 4	F 4	M 5-9	F 5-9
I	Infective and Parasitic Diseases	1	3	4	-	-	-	-	-	1	-	-	-	-	-	-
I	Neoplasms *	98	60	158	-	-	-	-	-	-	-	-	-	-	-	-
II	Endocrine, Nutritional and Metabolic Diseases	3	3	6	-	-	-	-	-	-	-	-	-	-	-	-
V	Diseases of the Blood and Blood-Forming Organs	1	3	4	-	-	-	-	-	-	-	-	-	-	-	-
	Mental Disorders	3	3	6	-	-	-	-	-	-	-	-	-	-	-	-
I	Diseases of the Nervous System and Sense Organs	4	1	5	-	-	-	-	-	-	-	-	-	-	-	-
II	Diseases of the Circulatory System	143	174	317	-	-	-	-	-	-	-	-	-	-	-	-
III	Diseases of the Respiratory System	37	31	68	-	1	-	-	-	-	-	-	-	-	-	-
X	Diseases of the Digestive System	4	9	13	-	-	-	-	-	-	-	-	-	-	-	-
	Diseases of the Genito-Urinary System	2	2	4	-	-	-	-	-	-	-	-	-	-	-	-
II	Diseases of the Skin and Subcutaneous Tissue	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-
III	Diseases of the Musculoskeletal System and Connective Tissue	2	-	2	-	-	-	-	-	-	-	-	-	-	-	-
IV	Congenital Anomalies	2	2	4	2	-	-	-	-	-	-	-	-	-	-	-
V	Certain causes of Perinatal Morbidity and Mortality	1	-	1	1	-	-	-	-	-	-	-	-	-	-	-
VI	Symptoms and Ill-defined Conditions	1	6	7	1	-	-	-	-	-	-	-	-	-	-	-
XVII	Accidents, Poisonings and Violence (Nature of Injury)	11	6	17	-	-	-	-	-	1	-	-	-	-	1	-
		313	304	617	4	1	-	-	-	2	-	-	-	-	1	-

* include notification from United Kingdom

BY AGE GROUP - SUMMARY

M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80-84	85-89	90-94	95+				
-	-	-	-	-	-	-	1	-	1	-	-	-	-	-	-	-	-	-	-	-	
-	-	-	1	-	-	1	3	5	6	5	14	7	14	5	4	2	-	-	-	-	
-	1	-	-	-	-	-	1	-	-	1	-	-	-	1	-	-	-	-	-	-	
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	
-	1	-	-	-	-	-	-	-	-	-	2	1	-	1	-	-	-	-	-	-	
-	-	-	-	1	2	1	-	2	3	7	17	23	25	34	32	19	2	10	-	-	
-	-	-	-	-	-	-	-	1	-	1	-	5	1	8	5	1	4	5	-	-	
-	1	1	1	-	-	-	-	-	2	-	1	-	2	1	-	-	-	-	-	-	
-	-	-	-	-	-	-	-	-	1	-	-	-	-	1	-	-	-	-	-	-	
-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
-	1	-	-	1	1	-	-	1	-	-	-	-	1	1	2	-	-	-	-	-	
-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
-	3	1	-	1	-	2	5	9	11	14	25	38	48	53	46	28	4	18	-	-	

APPENDIX IV-1977 RESIDENT DEATH OCCURRENCES BY AGE GROUPS AND CAUSES

Group	Inter-national List No.	Cause of Death	M Total all ages	F Total Grand Total	1977 Grand Total	M Under 1	F 1	M 2	F 2	M 3	F 3	M 4	F 4	M 5-9	F 5-9
I		<u>Infective and Parasitic Diseases</u>													
	009	Diarrhoeal Disease	-	1	1	-	-	-	1	-	-	-	-	-	-
	011	Pulmonary Tuberculosis	1	1	2	-	-	-	-	-	-	-	-	-	-
	053	Herpes Zoster	-	1	1	-	-	-	-	-	-	-	-	-	-
		Totals: GROUP I	1	3	4	-	-	-	1	-	-	-	-	-	-
II		<u>Neoplasms</u>													
	140	Malignant Neoplasm of Lip	1	-	1	-	-	-	-	-	-	-	-	-	-
	143	Malignant Neoplasm of Gum	1	-	1	-	-	-	-	-	-	-	-	-	-
	145	Malignant Neoplasm of other and unspecified parts of Mouth	1	1	2	-	-	-	-	-	-	-	-	-	-
	146	Malignant Neoplasm of Oropharynx	-	1	1	-	-	-	-	-	-	-	-	-	-
	150	Malignant Neoplasm of Oesophagus	3	6	9	-	-	-	-	-	-	-	-	-	-
	151	Malignant Neoplasm of Stomach	12	4	16	-	-	-	-	-	-	-	-	-	-
	153	Malignant Neoplasm of Large Intestine except Rectum	4	7	11	-	-	-	-	-	-	-	-	-	-
	154	Malignant Neoplasm of Rectum and Rectosigmoid Junction	4	3	7	-	-	-	-	-	-	-	-	-	-
	155	Malignant Neoplasm of Liver and Intrahepatic Bile Ducts, specified as primary	3	-	3	-	-	-	-	-	-	-	-	-	-
	157	Malignant Neoplasm of Pancreas	4	3	7	-	-	-	-	-	-	-	-	-	-
	160	Malignant Neoplasm of Nose, Nasal Cavities, Middle Ear and Accessory Sinuses	-	1	1	-	-	-	-	-	-	-	-	-	-
	161	Malignant Neoplasm of Larynx	3	-	3	-	-	-	-	-	-	-	-	-	-
	162	Malignant Neoplasm of Trachea, Bronchus and Lung	34	6	40	-	-	-	-	-	-	-	-	-	-
	163	Malignant Neoplasm of other and unspecified Respiratory Organs	1	-	1	-	-	-	-	-	-	-	-	-	-
	170	Malignant Neoplasm of Bone	1	-	1	-	-	-	-	-	-	-	-	-	-
	174	Malignant Neoplasm of Breast	-	12	12	-	-	-	-	-	-	-	-	-	-
	180	Malignant Neoplasm of Cervix Uteri	-	3	3	-	-	-	-	-	-	-	-	-	-
	182	Other Malignant Neoplasm of Uterus	-	2	2	-	-	-	-	-	-	-	-	-	-
	183	Malignant Neoplasm of Ovary, Fallopian Tube, and Broad Ligament	-	6	6	-	-	-	-	-	-	-	-	-	-
	185	Malignant Neoplasm of Prostate	8	-	8	-	-	-	-	-	-	-	-	-	-
	188	Malignant Neoplasm of Bladder	4	3	7	-	-	-	-	-	-	-	-	-	-
	189	Malignant Neoplasm of Other and Unspecified Urinary Organs	3	-	3	-	-	-	-	-	-	-	-	-	-
	191	Malignant Neoplasm of Brain	1	-	1	-	-	-	-	-	-	-	-	-	-
	199	Malignant Neoplasm without Specification of Site	5	1	6	-	-	-	-	-	-	-	-	-	-
	203	Multiple Myeloma	1	-	1	-	-	-	-	-	-	-	-	-	-
	205	Myeloid Leukaemia	3	1	4	-	-	-	-	-	-	-	-	-	-
	206	Monocytic Leukaemia	1	-	1	-	-	-	-	-	-	-	-	-	-
		Totals: GROUP II	98	60	158	-	-	-	-	-	-	-	-	-	-
III		<u>Endocrine, Nutritional and Metabolic Diseases</u>													
	250	Diabetes Mellitus	3	3	6	-	-	-	-	-	-	-	-	-	-
		Totals: GROUP III													
IV		<u>Diseases of Blood and Blood-Forming Organs</u>													
	281	Other Deficiency Anaemias	-	1	1	-	-	-	-	-	-	-	-	-	-
	284	Aplastic Anaemia	1	1	2	-	-	-	-	-	-	-	-	-	-
	289	Other Diseases of Blood and Blood-Forming Organs	-	1	1	-	-	-	-	-	-	-	-	-	-
		Totals: GROUP IV	1	3	4	-	-	-	-	-	-	-	-	-	-
V		<u>Mental Disorders</u>													
	290	Senile and Pre-senile Dementia	3	2	5	-	-	-	-	-	-	-	-	-	-
	309	Mental Disorders not specified as Psychotic associated with Physical Condition	-	1	1	-	-	-	-	-	-	-	-	-	-
		Totals: GROUP V	3	3	6	-	-	-	-	-	-	-	-	-	-
VI		<u>Diseases of the Nervous System and Sense Organs</u>													
	330	Hereditary Neuromuscular Disorders	1	-	1	-	-	-	-	-	-	-	-	-	-
	340	Multiple Sclerosis	-	1	1	-	-	-	-	-	-	-	-	-	-
	342	Paralysis Agitans	2	-	2	-	-	-	-	-	-	-	-	-	-
	348	Motor Neurone Disease	1	-	1	-	-	-	-	-	-	-	-	-	-
		Totals: GROUP VI	4	1	5	-	-	-	-	-	-	-	-	-	-
VII		<u>Diseases of the Circulatory System</u>													
	394	Diseases of the Mitral Valve	1	-	1	-	-	-	-	-	-	-	-	-	-
	396	Diseases of the Mitral and Aortic Valve	-	1	1	-	-	-	-	-	-	-	-	-	-
	398	Other Heart Diseases Specified as Rheumatic	-	2	2	-	-	-	-	-	-	-	-	-	-
	400	Malignant Hypertension	-	-	-	-	-	-	-	-	-	-	-	-	-
	401	Essential Benign Hypertension	-	3	3	-	-	-	-	-	-	-	-	-	-
	402	Hypertensive Heart Disease	8	11	19	-	-	-	-	-	-	-	-	-	-
	403	Hypertensive Renal Disease	1	-	1	-	-	-	-	-	-	-	-	-	-
	404	Hypertensive Heart and Renal Disease	1	1	2	-	-	-	-	-	-	-	-	-	-
	410	Acute Myocardial Infarction	40	34	74	-	-	-	-	-	-	-	-	-	-
	411	Other Acute and Sub-acute Forms of Ischaemic Heart Disease	-	1	1	-	-	-	-	-	-	-	-	-	-
	412	Chronic Ischaemic Heart Disease	25	25	50	-	-	-	-	-	-	-	-	-	-
	426	Pulmonary Heart Disease	4	2	6	-	-	-	-	-	-	-	-	-	-
	427	Symptomatic Heart Disease	4	3	7	-	-	-	-	-	-	-	-	-	-
	428	Other Myocardial Insufficiency	1	3	4	-	-	-	-	-	-	-	-	-	-
	430	Subarachnoid Haemorrhage	1	4	5	-	-	-	-	-	-	-	-	-	-
	431	Cerebral Haemorrhage	6	3	9	-	-	-	-	-	-	-	-	-	-
	433	Cerebral Thrombosis	12	21	33	-	-	-	-	-	-	-	-	-	-
	436	Acute but Ill-defined Cerebrovascular Disease	1	1	2	-	-	-	-	-	-	-	-	-	-
	437	Generalized Ischaemic Cerebrovascular Disease	16	34	50	-	-	-	-	-	-	-	-	-	-
	438	Other and Ill-defined Cerebrovascular Disease	1	-	1	-	-	-	-	-	-	-	-	-	-
	440	Arteriosclerosis	12	18	30	-	-	-	-	-	-	-	-	-	-
	441	Aortic Aneurysm (non-cyphilitic)	4	1	5	-	-	-	-	-	-	-	-	-	-
	443	Other Peripheral Vascular Disease	1	-	1	-	-	-	-	-	-	-	-	-	-
	444	Arterial Embolism and Thrombosis	3	1	4	-	-	-	-	-	-	-	-	-	-
	445	Gangrene	-	1	1	-	-	-	-	-	-	-	-	-	-
	450	Pulmonary Embolism and Infarction	1	4	5	-	-	-	-	-	-	-	-	-	-
		Totals: GROUP VII	143	174	317	-	-	-	-	-	-	-	-	-	-

(i.e. not including visitors but residents dying elsewhere)

[illegible]

Group	Inter-national List No.	Cause of Death	M F Total all ages	1977 Grand Total	M F Under 1	M F 1	M F 2	M F 3	M F 4	M F 5-9
VIII		<u>Diseases of the Respiratory System</u>								
	466	Accute Bronchitis and Bronchiolitis	- 1	1	- 1	- -	- -	- -	- -	- -
	470	Influenza Unqualified	2 2	4	- -	- -	- -	- -	- -	- -
	471	Influenza with Pneumonia	1 2	3	- -	- -	- -	- -	- -	- -
	472	Influenza with other Respiratory Manifestations	1 5	6	- -	- -	- -	- -	- -	- -
	485	Bronchopneumonia Unspecified	10 11	21	- -	- -	- -	- -	- -	- -
	486	Pneumonia Unspecified	3 4	7	- -	- -	- -	- -	- -	- -
	490	Bronchitis Unqualified	1 -	1	- -	- -	- -	- -	- -	- -
	491	Chronic Bronchitis	16 2	18	- -	- -	- -	- -	- -	- -
	492	Emphysema	2 1	3	- -	- -	- -	- -	- -	- -
	493	Asthma	- 1	1	- -	- -	- -	- -	- -	- -
	512	Spontaneous Pneumothorax	1 -	1	- -	- -	- -	- -	- -	- -
	514	Pulmonary Congestion and Hypostasis	- 2	2	- -	- -	- -	- -	- -	- -
		Totals: GROUP VIII	37 31	68	- 1	- -	- -	- -	- -	- -
IX		<u>Diseases of the Digestive System</u>								
	532	Ulcer of Duodenum	- 1	1	- -	- -	- -	- -	- -	- -
	533	Peptic Ulcer, Site Unspecified	- 2	2	- -	- -	- -	- -	- -	- -
	540	Acute Appendicitis	- 1	1	- -	- -	- -	- -	- -	- -
	562	Diverticula of Intestine	1 -	1	- -	- -	- -	- -	- -	- -
	571	Cirrhosis of Liver	2 4	6	- -	- -	- -	- -	- -	- -
	577	Diseases of the Pancreas	1 1	2	- -	- -	- -	- -	- -	- -
		Totals: GROUP IX	4 9	13	- -	- -	- -	- -	- -	- -
X		<u>Disease of the Genito-Urinary System</u>								
	580	Acute Nephritis	- 1	1	- -	- -	- -	- -	- -	- -
	584	Renal Sclerosis, Unqualified	1 -	1	- -	- -	- -	- -	- -	- -
	590	Infections of Kidney	- 1	1	- -	- -	- -	- -	- -	- -
	592	Calculus of Kidney and Ureter	1 -	1	- -	- -	- -	- -	- -	- -
		Totals: GROUP X	2 2	4	- -	- -	- -	- -	- -	- -
XII		<u>Disease of Skin and Subcutaneous Tissue</u>								
	682	Other Cellulitis and Abscess	- 1	1	- -	- -	- -	- -	- -	- -
		Totals: GROUP XII	- 1	1	- -	- -	- -	- -	- -	- -
XIII		<u>Diseases of the Musculoskeletal System and Connective Tissue</u>								
	721	Osteitis Deformans	2 -	2	- -	- -	- -	- -	- -	- -
		Totals: GROUP XIII	2 -	2	- -	- -	- -	- -	- -	- -
XIV		<u>Congenital Anomalies</u>								
	746	Congenital Anomalies of Heart	1 2	3	1 -	- -	- -	- -	- -	- -
	748	Congenital Anomalies of Respiratory System	1 -	1	1 -	- -	- -	- -	- -	- -
		Totals: GROUP XIV	2 2	4	2 -	- -	- -	- -	- -	- -
XV		<u>Certain causes of Perinatal Morbidity and Mortality</u>								
	776	Anoxic and Hypoxic Conditions not elsewhere classified	1	1	1 -	- -	- -	- -	- -	- -
		TOTAL: GROUP XV	1	1	1 -	- -	- -	- -	- -	- -
XVI		<u>Symptoms and Ill-defined Conditions</u>								
	794	Senility without mention of Psychosis	- 6	6	- -	- -	- -	- -	- -	- -
	796	Other Ill-defined and Unknown causes of Morbidity and Mortality	1 -	1	1 -	- -	- -	- -	- -	- -
		Total: GROUP XVI	1 6	7	1 -	- -	- -	- -	- -	- -
NXVII		<u>Accidents, Poisonings and Violence (Nature of Injury)</u>								
	N803	Other and Unqualified Skull Fractures	2 -	2	- -	- -	- -	- -	- -	- -
	N806	Fracture of the Vertebral Column with Spinal Cord Lesion	- 1	1	- -	- -	- -	- -	- -	- -
	N820	Fracture of Neck of Femur	1 -	1	- -	- -	- -	- -	- -	- -
	N828	Multiple Fractures involving Both Lower Limbs, Lower with Upper Limb, and Lower Limb(s) with Rib(s) and Sternum	1 -	1	- -	- -	- -	- -	- -	- -
	N850	Concussion	- 1	1	- -	- -	- -	- -	- -	- -
	N851	Cerebral Laceration and Contusion	1 -	1	- -	- -	- -	- -	- -	- -
	N868	Injury to Other and Unspecified Intra-abdominal Organs	- 1	1	- -	- -	1 -	- -	- -	- -
	N965	Adverse Effect of Analgesics and Antipyretics	- 1	1	- -	- -	- -	- -	- -	- -
	N967	Adverse effect of other Sedatives and Hypnotics	1 1	2	- -	- -	- -	- -	- -	- -
	N980	Toxic Effect of Alcohol	2 -	2	- -	- -	- -	- -	- -	- -
	N989	Toxic Effect of Other Substances chiefly Non-Medicinal as to Source	- 1	1	- -	- -	- -	- -	- -	- -
	N994	Effects of other external causes	3 -	3	- -	- -	- -	- -	- -	1 -
		Total: GROUP NXVII	11 6	17	- -	- -	- 1	- -	- -	1 -

APPENDIX V

ACCIDENTS, POISONING & VIOLENCE - EXTERNAL CAUSE OF DEATH (the deaths detailed below are included in APPENDIX IV categorised under the NATURE OF INJURY)

Inter-national List No.	Cause of Death Group EXVII	AGE GROUPS																									
		Sub Totals M F	Grand Total 1977	2		5-9		15-19		30-34		35-39		45-49		50-54		55-59		75-79		80-84		85-89		95+	
				M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
E812	Motor Vehicle Traffic accident involving collision with other motor vehicle	1	-	1		-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
E813	Motor vehicle traffic accident involving collision with other vehicle	1	-	1		-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
E814	Motor vehicle traffic accident involving collision with pedestrian	-	1	1		-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
E853	Accidental poisoning by analgesics and antipyretics	-	1	1		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	
E854	Accidental poisoning by other sedatives and hypnotics	-	1	1		-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	
E860	Accidental poisoning by alcohol	1	-	1		-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
E880	Fall on or from stairs or steps	-	1	1		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	
E882	Fall from or out of building or other structure	2	-	2		-	-	-	-	-	-	-	-	1	-	-	-	-	-	1	-	-	-	-	-	-	
E885	Fall on same level from slipping tripping or stumbling	-	1	1		-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	
E887	Other and unspecified fall	2	-	2		-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	1	-	
E910	Accidental drowning & submersion	1	-	1		-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
E947	Late effect of surgical operation	-	1	1		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	
E950	Suicide & self-inflicted poisoning by solid or liquid substances	1	-	1		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	
E953	Suicide & self-inflicted injury by hanging strangulation & suffocation	1	-	1		-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	
E955	Suicide & self inflicted injury by firearms & explosives	1	-	1		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	TOTALS	11	6	17		-	1	1	-	1	-	1	-	1	-	2	-	1	-	1	1	-	1	2	1	-	

APPENDIX VI

NON-RESIDENT DEATHS - GUERNSEY 1977 (not included in main table or vital statistics)

Group	International List No.	Total all ages		1977		Under 1		15-19		30-34		35-39		40-44		45-49		50-54		55-59		60-64		65-69		70-74		75-79		80-84		85-89	
		M	F	Total		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F		
II	151	1	1	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-		
	162	4	-	4	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	3	-	-	-	-		
	191	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-		
	250	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
	400	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-		
	402	-	2	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	-	-	-	-	-	-	-	-	-	-	-	-		
	410	8	1	9	-	-	-	-	-	-	-	-	-	-	1	-	-	-	1	-	-	1	-	-	-	-	-	-	-	-	-		
	412	2	-	2	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	1	-	-	-	-	-	2	-	-	1	-	-		
	430	1	-	1	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	
	431	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	
IX	433	-	2	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	
	531	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	
	571	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	776	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
TOTALS		21	8	29	2	-	-	-	-	1	-	-	-	1	1	-	1	4	-	3	-	1	1	2	-	2	1	4	2	1	2	-	-
EXVII	E830	-	1	1	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	E880	1	-	1	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	E910	1	-	1	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
TOTALS		2	1	3	-	-	-	1	-	-	-	-	-	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	

NOTE: For explanation of the International List No. please refer to main table at Appendix IV.

APPENDIX VII

CANCER MORTALITY 1977 (and five preceding years)

Cancer—all forms

	<i>No. of deaths</i>		<i>Deaths per 1,000 population</i>		
	<i>Guernsey</i>	<i>Jersey</i>	<i>Guernsey</i>	<i>Jersey</i>	<i>England & Wales</i>
1972	131	222	2.6	3.1	2.4
1973	129	183	2.6	2.5	2.4
1974	137	172	2.7	2.4	2.5
1975	142	195	2.7	2.7	2.5
1976	139	203	2.6	2.7	2.6
1977	158	208	2.91	2.79	2.55

Lung cancer deaths

	<i>No. of deaths</i>		<i>Deaths per million population</i>		
	<i>Guernsey</i>	<i>Jersey</i>	<i>Guernsey</i>	<i>Jersey</i>	<i>England & Wales</i>
1972	37	62	740	861	646
1973	32	55	633	764	654
1974	30	53	587	736	670
1975	32	57	602	792	669
1976	28	68	522	913	682
1977	40	71	737	953	690

Lung Cancer—death rates per million by sex

	<i>Guernsey</i>			<i>Jersey</i>			<i>England & Wales</i>		
	<i>Male</i>	<i>Female</i>	<i>Popula- tion</i>	<i>Male</i>	<i>Female</i>	<i>Popula- tion</i>	<i>Male</i>	<i>Female</i>	<i>Popula- tion</i>
1972	1290	231	740	1396	352	861	1080	234	646
1973	1070	229	633	1054	488	764	1088	243	654
1974	895	301	587	1026	461	736	1105	262	670
1975	977	254	602	1311	298	792	1090	269	668
1976	849	216	522	1389	468	913	1110	265	682
1977	1298	214	737	1416	519	953	1120	290	690

(Population estimates—mid-year 1977)

	<i>Persons</i>	<i>Males</i>	<i>Females</i>
Guernsey	54,270	26,205	28,065
Jersey	74,500	36,000	38,500

APPENDIX VIII

INFANT DEATHS 1977—CAUSES

Cause of Infant Deaths—Age under one month—1977.

<i>International Classification</i>		<i>M</i>	<i>F</i>	<i>Total</i>
---	--	----------	----------	--------------

776	Anoxic and hypoxic conditions not elsewhere classified	1	—	1
-----	--	---	---	---

Cause of Infant Deaths—Age from one month to one year—1977.

466	Acute Bronchitis and Bronchiolitis	—	1	1
748	Congenital Anomalies of Respiratory system ...	1	—	1
796	Other ill-defined and unknown causes of morbidity and mortality	1	—	1
		—	—	—
		3	1	4
		—	—	—

* UK Notification (under one year)

746	Congenital anomalies of heart	1	—	1
		—	—	—

APPENDIX IX

Annual Statistics for Health Visitors 1977

	1977	1976
<i>Pre-School children (3630 visits)</i>		
1. Primary visits age 0-1 year	518	541
2. Primary visits age 1-5 years	12	25
3. Revisits age 0-1 year	1634	2270
4. Revisits age 1-5 years	1438	1533
5. Visits relating to the 'At Risk' Register	24	17
6. Observation Register	4	1
<i>School children (180 visits)</i>		
7. Home visits	153	190
8. School visits	16	37
9. Relating to handicapped children	9	5
10. Other	2	9
<i>General Health Visiting (2306 visits)</i>		
11. Problem families and families with problems	154	341
12. Relating to mental health	66	92
13. Relating to physically handicapped persons	29	43
14. Infectious households (tuberculosis)	15	22
15. Infectious households (other)	20	16
16. Geriatric cases	318	460
17. Visits with doctors	3	2
18. Visits with Public Health Inspectors	6	17
19. Visits relating to ante-natal cases	107	91
20. Visits to hospital and nursing homes	40	65
21. Miscellaneous and unspecified	701	652
22. Evening visits	59	64
23. No access (i.e. non-effective visits)	788	926
<i>Clinics (total 514 sessions)</i>		
24. Ante-natal (booking) clinic	58	62
25. Parentcraft and relaxation classes (93 classes)	186	180
26. Infant Welfare Clinics	164	165
27. Child health (Sessions)	99	81
28. Auditory training	—	19
29. B.C.G. (and poliomyelitis immunisations)	2	—
30. Other and unspecified clinics	5	21
<i>Meetings (128 sessions)</i>		
31. Within Health Department staff	38	22
32. With group practices	72	35
33. Miscellaneous	18	9
<i>B.C.G. Programme (97 visits)</i>		
34. Home visits	27	58
35. M.P.T. and M.P.T. readings	30	38
36. B.C.G. visits	38	50
37. Other	2	9
<i>Health Education</i>		
38. Sessions	58	56
<i>Administration (478 sessions)</i>		
39. Organisation and administration	281	261
40. Interviews at Lukis House	154	84
41. Courses, conferences, Obstetric Committee etc.	43	30

APPENDIX IX A

Infant Welfare Clinics 1977

Number of Clinics held and Number of children seen by Health Visitors at these Clinics

<i>Number of Clinics held</i>		<i>Children seen</i>	
		<i>0-1 years</i>	<i>1-5 years</i>
Brock Road	23	837	239
Cobo	24	859	372
St. Johns	23	320	100
St. Peters	24	316	129
St. Saviours	23	119	51
St. Martins	24	344	51
L'Islet	11	232	63
Vale	12	399	60
TOTAL		3,426	1,065
Total of all children seen by Health Visitors ...		... 4,491 (a plus of 525 on 1976)	
1976 totals	166	3,016	950

In addition Health Visitors hold Parentcraft and Relaxation classes each Thursday. During 1977 a total 96 classes were held, attended by 296 mothers.

In 1976 a total of 305 mothers attended these classes.

APPENDIX X

SPECIAL TREATMENT CLINIC—MALE SECTION, 1977

1. Number of persons under treatment or surveillance on 1st January:					
(a) Syphilis	6				
(b) Gonorrhoea	1				
(c) Non-specific urethritis	3				
(d) Other sexually transmitted conditions	0				
(e) Miscellaneous conditions	0	10			TOTAL

2. Number of fresh infections during the year:	A	B	C	D	E	TOTALS
(a) Syphilis	0	0	0	0	0	0
(b) Gonorrhoea	8	11	1	1	8	29
(c) Non-Specific urethritis	19	12	2	3	3	39
(d) Other sexually transmitted conditions	28	9	0	1	1	39
(e) Miscellaneous conditions	—	—	—	—	—	39
						146

Contracted: A between residents locally
 B between residents and non-residents locally
 C by residents outside the Island
 D by non-residents outside the Island
 E between non-residents locally

3. Cases discharged:					
(a) Syphilis	0				
(b) Gonorrhoea	27				
(c) Non-specific urethritis	38				
(d) Other sexually transmitted conditions	39				
(e) Miscellaneous conditions	39	143			TOTAL

4. Number of persons remaining under treatment or surveillance on 31st December 1977:					
(a) Syphilis	0				
(b) Gonorrhoea	3				
(c) Non-specific urethritis	4				
(d) Other sexually transmitted conditions	0				
(e) Miscellaneous conditions	0	7			TOTAL
		150			GRAND TOTAL

5. Number of attendances: 322
6. Of the total at 2 above: the following were re-infections 0
7. Classification: New cases (to agree with 2 above)

	Syphilis	G.C.	N.S.U.	Other S.T.D.	Misc.
Residents	0	17	22	5	0
Visitors	0	0	0	0	0
Visiting Seamen	0	0	3	7	2
Imported Labour—hotel staff	0	9	11	13	6
—horticulture	0	0	1	0	0
—other	0	3	2	14	31
TOTAL	0	29	39	39	39

8. Age Groups: New cases (to agree with 2 above)

	Under 16	16/19	20/29	30/39	40+	Total
(a) Syphilis	0	0	0	0	0	0
(b) Gonorrhoea	0	6	18	5	0	29
(c) Non-specific urethritis	0	6	27	6	0	39
(d) Other ST conditions	1	7	26	4	1	39
(e) Miscellaneous conditions	2	7	21	8	1	39
TOTAL	3	26	92	23	2	146

APPENDIX XI

SPECIAL TREATMENT CLINIC—FEMALE SECTION, 1977

1. Number of persons under treatment or surveillance on 1st January:						
(a) Syphilis					8	
(b) Gonorrhoea					0	
(c) Non-specific urethritis					0	
(d) Other sexually transmitted conditions					0	
(e) Miscellaneous conditions					0	8 TOTAL

2. Number of fresh infections during the year:							
	A	B	C	D	E	TOTALS	
(a) Syphilis	0	0	0	0	0	0	
(b) Gonorrhoea	2	3	0	1	0	6	
(c) Non-specific urethritis	1	1	0	0	0	2	
(d) Other sexually transmitted conditions	9	2	1	8	1	21	
(e) Miscellaneous conditions	—	—	—	—	—	14	
						—	
						43	
						—	

Contracted: A between residents locally
 B between residents and non-residents locally
 C by residents outside the Island
 D by non-residents outside the Island
 E between non-residents locally

3. Cases discharged:						
(a) Syphilis					0	
(b) Gonorrhoea					6	
(c) Non-specific urethritis					2	
(d) Other sexually transmitted conditions					21	
(e) Miscellaneous conditions					14	43 TOTAL

4. Number of persons remaining under treatment or surveillance on 31st December 1977:						
(a) Syphilis					8	
(b) Gonorrhoea					0	
(c) Non-specific urethritis					0	
(d) Other sexually transmitted conditions					0	
(e) Miscellaneous conditions					0	8 TOTAL
						51 GRAND TOTAL

5. Number of attendances: 93
6. Of the total at 2 above: the following were re-infections 0
7. Classification: New cases (to agree with 2 above)

	Syphilis	G.C.	N.S.U.	Other S.T.D.	Misc.
Residents	0	4	2	6	2
Visitors	0	0	0	1	1
Visiting Seamen	0	0	0	0	0
Imported Labour—hotel staff	0	1	0	6	8
—horticulture	0	0	0	2	0
—other	0	1	0	6	3
TOTAL	0	6	2	21	14

8. Age Groups: New cases (to agree with 2 above)

	Under 16	16/19	20/29	30/39	40+	Total
(a) Syphilis	0	0	0	0	0	0
(b) Gonorrhoea	0	1	3	2	0	6
(c) Non-specific urethritis	0	0	1	0	1	2
(d) Other ST conditions	0	8	13	0	0	21
(e) Miscellaneous conditions	0	1	10	2	1	14
TOTAL	0	10	27	4	2	43

ALDERNEY - APPENDIX XII

BIRTHS AND DEATHS - 1977 In the absence of a report from Alderney, the following vital statistics may be of interest.

BIRTHS - Total delivered in Alderney at the Mignot Memorial Hospital - 6. Females - 4 Males - 2.

DEATHS - Total 27

Group	Inter-national List No.	Cause of Death	M	F	1977 Grand Total	M	F	0 - 4	M	F	35-39	M	F	50-54	M	F	60-64	M	F	65-69	M	F	70-74	M	F	75-79	M	F	80-84	M	F	85-89	M	F	90 +			
II		<u>Neoplasms</u>																																				
	151	Malignant Neoplasm of Stomach	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
	153	Malignant Neoplasm of large intestine except Rectum	1	1	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1		
	162	Malignant Neoplasm of Trachea Bronchus and Lung	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
	191	Malignant Neoplasm of Brain	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
		Totals: GROUP II	2	3	5	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
VII		<u>Diseases of Circulatory Systems</u>																																				
	395	Disease of the Aortic Valve	-	2	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	
	402	Hypertensive Heart Disease	2	1	3	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	
	404	Hypertensive Heart and Renal Disease	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	410	Acute Myocardial Infarction	3	1	4	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	412	Chronic Ischaemic Heart Disease	-	2	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	
	431	Cerebral Haemorrhage	2	-	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	
	433	Cerebral Thrombosis	1	1	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	
	440	Arteriosclerosis	2	1	3	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
		Totals: GROUP VII	11	8	19	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	3
VIII		<u>Diseases of the Respiratory System</u>																																				
	485	Bronchopneumonia, unspecified	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
NXVII		<u>Accidents, Poisonings and Violence (Nature of Injury)</u>																																				
	N980	Toxic Effect of Alcohol	1	1	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	

SCHOOL MEDICAL SERVICES ANNUAL REPORT 1977

Mr Chairman, Ladies and Gentlemen,

I beg to submit the Annual Report for the year 1977.

'All men are created equal' has unfortunately become trite, but it still has important meaning for education in our democratic society. It has been used to denote equality before the Law but it is also interpreted as meaning equality of opportunity. If one reasons further, then the precept implies educational opportunity for all our children—the right of each and every one to receive help in learning to the limits of his capacity. This is irrespective of whether the child is average or above average in intelligence or he is limited in his capability to learn because of a defect of the senses, the limbs, the personality or behaviour. Our schools have therefore evolved numerous modifications of regular teaching programmes to adapt instruction to children who deviate from the average and so cannot profit substantially from the regular programme. These deviant children therefore are judged to require special educational facilities either in conjunction with the regular class or in a special class or school for their maximum development.

As we look back into history we find that the notion of free and compulsory education for all children who are educable is only about 100 years old. The concept of educating each child to the height of his particular ability is therefore relatively new. We have come a long way from the Spartan's practice of killing the malformed infant but the journey has been made by slow stages. Therefore we need to ascertain which child might require special educational facilities and, ideally, this should be before school entry. Surveillance is therefore kept by School Medical Services over the pre school child as well as the school child. The mother attending the child welfare clinics with her young baby is invited by the Health Visitor to come to the developmental clinics at Lukis House. There, the baby is tested and observed by the Health Visitor and the mother is encouraged to talk about her problems and her fears in an unhurried and relaxed atmosphere and receives a sympathetic hearing and counsel. Any deviation from health and development is reported to the School Doctor who then either refers the baby back to the family doctor, or to one of the specialised clinics at Lukis House, or decides to offer the mother a series of appointments so that the baby's pattern of development can be studied. If it becomes apparent that the child might not benefit from entry to the ordinary infants school, then the Educational Psychologist is asked to assess the child and, after consulting with the parents, a decision is reached as to a suitable school placement. This might be at the Longfields Assessment Unit or at the Mont Varouf School. Warning signals are also sent to the heads of infant schools in respect of those children who have some handicap, or who are potentially at risk of experiencing learning difficulties.

Mention has been made of the team of Health Visitors whose expertise and training are used in the pre school fields. They also enter the schools on invitation, to advise or talk on Health Education and in addition advise the School Nurses and, in some instances, take over their problems themselves. The health and therefore progress of the school child in the school environment is the concern of the team of School Nurses. They monitor the school child, advise the teachers, help with routine school medicals and immunisations and liaise with the Health Visitors.

Children with worrisome behaviour problems and emotional difficulties are helped by the Child Psychiatrist at the Child Guidance Clinic.

Visual testing of the pre and school child is the responsibility of the orthop-
tists working for the School Medical Services. Hearing tests and assessments are
the responsibility of another member of the team—the Audiometrician, with the
advice and support of the Teacher of the Deaf for those found to have such a
degree of hearing loss that constitutes an educational handicap. Speech difficulties
are dealt with by our Speech Therapists. Orthopaedic problems and movement
difficulties are the concern of our Physiotherapist.

Firm liaison is kept between the Social Service workers and the Inspector of
the N.S.P.C.C. Much transference of information and advice goes on between the
School Medical Services and the family doctors.

Above all, strong links are maintained between the educationalists—the
Educational Psychologists and the teachers and the Medical Service that is in
being only to help, support and guide them. It must be stressed that every member
in the team outlined in the foregoing is of equal importance in the endeavour to
smooth the path of the child into and through his school years, so that he can
take his rightful place, with dignity, in the adult community.

The overall school population of Guernsey in 1977 was 9748. This is a decrease
of 112 as compared with 1976.

1977	1976
1425 attendances recorded at Lukis House Clinics	1035
398 Child Guidance Clinic attendances	312
56 attendances at Mr. Midgley's Clinic	70
3172 attendances at Speech Therapy Clinic	2987
2651 attendances at Orthoptic Clinic	2577
1 attendance at B.C.G. Clinic	40
<hr/> 7703 total number of attendances recorded	<hr/> 7021

In addition 2477 school children were examined at the periodic medical examina-
tion (1826 at their schools and 651 at Lukis House). In 1976 these figures were 1724
at their schools and 855 at Lukis House making a total of 2579. 355 girls were
vaccinated against German measles in their schools whereas in 1976 the figure was
549 (and in 1975 the figure was 385).

PERIODIC MEDICAL EXAMINATIONS

There are the three statutory medical assessments of the school child. The
examination of every infant is conducted in the Summer Term and the parent(s)
are urged to be present. The infants' state of health and development is assessed
and past health problems discussed with the parent so that the teachers may be
informed and advised about any special needs in school.

The junior examination is conducted when the child is in the last year of the
junior school and is held in the Spring Term. Again, it is hoped that the parent

can spare the time to be present. As before, a medical assessment is made, but now the parent and school doctor are usually already aware of any special areas of difficulty as regards health or education.

The senior examination is held when the school child reaches the fourth year in Secondary/Grammar school. Normally the child opts to be seen without a parent. This practice is encouraged as the examining doctor is now judging the level of maturity by the manner in which the child conducts himself in the clinic situation and thus assessment can be made, not only of his health, but also of his employment prospects. Now follows more detailed statistics of the number of children so examined in 1977 and the health defects elicited.

Periodic Medical Examinations

<i>Numbers of children examined in school</i>				<i>Children examined at Lukis House</i>			
<i>Boys</i>	<i>Girls</i>	<i>Total</i>	<i>Total</i>	<i>Boys</i>	<i>Girls</i>	<i>Total</i>	<i>Total</i>
		1977	1976			1977	1976
381	352	733	797	Infants	28	31	59
367	346	713	739	Juniors	53	50	103
151	229	380	188	Seniors	286	203	489
899	927	1826	1724	Total	367	284	651
							855

Defects noted at the Periodic Medical Examinations

	<i>Infants</i>			<i>Juniors</i>			<i>Seniors</i>		
	<i>Boys</i>	<i>Girls</i>	<i>Total</i>	<i>Boys</i>	<i>Girls</i>	<i>Total</i>	<i>Boys</i>	<i>Girls</i>	<i>Total</i>
Oral hygiene	51	49	100	55	45	100	60	18	78
Eyes	25	28	53	55	78	133	46	108	154
Speech	40	34	74	9	9	18	8	10	18
Poor posture	10	17	27	44	40	84	44	33	77
Flat feet	33	29	62	53	32	85	31	57	88
Enlarged glands	37	41	78	18	24	42	6	7	13
ENT conditions	99	93	192	74	71	145	55	36	91
Asthma	11	2	13	17	7	24	5	3	8
Bed wetting	17	21	38	11	6	17	6	1	7
Under/overweight	2	5	7	46	23	69	11	25	36
Heart	7	11	18	9	4	13	6	12	18
Skin	17	19	36	26	29	55	45	20	65
Lungs	29	25	54	33	33	66	21	5	26
Total 1977	378	374	752	450	401	851	344	335	679
Total 1976	462	380	842	376	401	777	410	313	723

The general health of the school children is very satisfactory indeed. The main areas of health problems in the infant are eyesight—ear, nose, throat conditions, speech and chestiness. With the junior—these health problems are known, are being kept under surveillance and treated when necessary by the family doctor. With the senior school child the health problems are either ironed out or easily controlled and the main problems are emotional, as the child struggles to come to terms with the adult world and its pressures.

SCHOOL CLINICS

The following statistics refer to the children either seen at Lukis House for a more leisurely examination or for assessment at a specialised clinic.

1977	1976
683 Pre school children attended for Developmental Testing	411
180 attended for visual defect	191
155 attended for ENT conditions	147
15 attended for speech defects	31
14 were Training College Candidates	21
8 attended with behavioural problems	8
19 attended for assessment re future schooling	33
52 attended for Routine School Medicals (absentees)	61
137 attended for general medical examinations	64
86 had orthopaedic problems	68
<hr/> 1349	<hr/> 1035

As a result of these clinics

1977	1976
128 children were referred for ophthalmic treatment	118
89 children were referred for ENT treatment	22
78 children were referred to Speech Therapy Clinic	43
10 children were referred by the Physiotherapist to the family doctor	5
6 children were referred to the Child Guidance Clinic	8
<hr/> 311	<hr/> 196

PROPHYLACTIC IMMUNISATIONS

The Tuberculosis Prevention Programme

This programme has been designed to surely and safely reduce the incidence of tuberculosis in the community. All school entrants are tested (tuberculin tested) to see if they possess natural immunity to the disease—the positive reactors and their contacts are investigated further to find the reason for their immunity so that treatment can be started, if this should be necessary. All school children at the junior routine school medical are tuberculin tested and the negative reactors—that is, those with no immunity to tuberculosis—are promptly immunised by means of the BCG vaccination. Those with immunity are investigated together with all their contacts and, where necessary, treatment can be started. All school children at the senior routine medical are again scanned to see if they have escaped the net—those that have are tuberculin tested and the positive reactors are investigated and the negative reactors immunised with the BCG vaccination. Those school children who, for one reason or another were BCGed at birth or before school entry, are retested before they leave school and a booster BCG vaccination is given if indicated.

Tuberculin Testing

	1977		1976	
	<i>Infants</i>	<i>Juniors</i>	<i>Infants</i>	<i>Juniors</i>
Total number of children	792	802	844	855
Tuberculin testing not required	130	95	117	59
Number of children eligible for testing	662	707	727	796
But number of absentees	17	1	16	43
Withheld for medical reasons	5	9	—	—
Parental permission withheld	13	9	17	22
Number of tuberculin tests performed	627	688	694	731

In addition 50 seniors were tuberculin tested.

BCG Vaccinations

Of the 802 juniors tested 663 were found to be negative reactors and so were eligible for BCG vaccinations. Of these eligible, vaccination was withheld from 19 children either because the child was on such drug therapy as to suppress the effect of the BCG or the parents refused permission to immunise their children. 643 juniors were BCGed in their schools and 1 (the absentee) vaccinated at Lukis House. This means that 97.13% juniors who had demonstrably no natural immunity against tuberculosis were given the BCG vaccination (in 1976 688 juniors were BCGed). In addition to the juniors, 50 senior school children were vaccinated against tuberculosis.

German Measles

German measles is usually a very mild illness, yet justification for immunising against it lies in the risk of abortion or congenital handicaps following maternal rubella in the first three months of pregnancy. All parents of school girls in the first year at the Secondary/Grammar school are strongly urged to accept the offer of immunising the pre-adolescent girl. In 1977, 355 school girls were vaccinated by the School Medical Services. There were 55 refusals of which 7 girls had already been vaccinated on the mainland or abroad; 2 were vaccinated by their own doctors and 1 girl was advised against vaccination for medical reasons. This gives a rate of 89% school girls vaccinated against German measles by School Medical Services in 1977 (95% in 1976).

HYGIENE INSPECTIONS

A national campaign to eradicate head infestation was started in September and conducted throughout England and Wales. This was because the Health Authorities felt that the infestation was becoming more common with an incidence of 10% to 12.5% in some parts of Britain.

Here, in Guernsey, the fight against the head louse has been fierce and unremitting for many years. Every term every child in the infant and junior school is inspected and as many older children at Secondary level as time will allow. In addition the nurses return to the school to inspect classes or years of children at the request of teacher and parent. Not only do they inspect hair but take special note of general care and cleanliness. In 1977 the school nurses inspected a total of

17,674 school children. As a result of these inspections 119 children were found to be infected with head lice and treatment to eradicate was promptly instituted. This gives us a rate per thousand of 6.76 (2.3 in 1976).

Free School Milk

A total of 208 school children received free school milk in their schools. This followed medical assessment of the child and parents taking up the advice that the child would benefit from the extra milk in school. During the year 40 names were deleted from and 37 other names added to the scheme. In addition 58 children received extra vitamins in school.

School Nurses' Survey

Here are the results of a most interesting survey carried out amongst 740 school leavers by the School Nurses. The aim was to obtain an idea of their opinions on current T.V. programmes and the extent to which they say they watch them. 360 girls and 380 boys took part voluntarily in the survey and here are their T.V. viewing figures.

Hours of daily viewing		<i>girls</i>	<i>boys</i>
Week days	nil	11	11
	1-3 hrs.	257	196
	more than 3 hrs.	92	173
Weekends	nil	18	59
	1-3 hrs.	171	114
	4-6 hrs.	142	171
	more than 6 hrs.	29	36

Those who watched little or no television said this was because they had so much studying or homework to do that left them too little free time, and not because of high principles.

Television Violence

The question asked was 'Do you think television programmes are too violent'?

58 boys said yes
 320 boys said no
 2 were 'don't knows'
 50 girls said yes
 298 girls said no
 12 girls said 'don't know'

These answers were qualified with explanations. Some thought that programmes were too violent for younger children but not for teenagers (this would not show in their answers as they were asked to reply in relationship to themselves). The fact that adult programmes are not shown until after 9 p.m. did not impress as they thought youngsters stayed up later than that time anyway. Not one boy or girl participating in this survey thought that violence on T.V. incited violence and vandalism. Girls, in particular, mentioned that they found violence and horror shown in newsreels extremely upsetting, as it was depicting fact and not fiction, e.g. bombing disasters in Ireland, earthquakes and fighting on picket lines with policemen involved.

Television Censorship

A surprisingly large number said that parents censor T.V. programmes. Parents generally did not seem to object to violence so much, but rushed to the 'off' switch when 'sexy scenes' were shown. One group passed the comment that as far as sex and violence were concerned T.V. is in its infancy compared with the films exhibited at the cinemas!

Censorship figures by parents

<i>Girls</i>	<i>Boys</i>	
130	123	yes
219	235	no
11	22	don't know

The survey showed that tastes did not vary much from school to school. Starsky and Hutch easily topped the poll closely followed by Charlie's Angels, The New Avengers, Poldark, The Sweeney, The Muppet Show and Match of the Day. Lagging behind were Crossroads, Master Mind and Dave Allen at Large.

To sum up, 96% girls and 97% of the boys watched T.V. for varying amounts of time in the week and 95% of the girls and 84% of the boys watched at weekends.

Only 14% of these school leavers thought that programmes were too violent; 34% said that their parents exerted a censorship over their viewing.

THE SPECIALISED CLINICS

Child Guidance Clinic (conducted by Dr. B. J. Salisbury, MB., MRCPsych., DCH)
40 new patients

398 hours consultations, that is, 398 attendances at the Child Guidance Clinic

The general work of the Child Guidance Clinic has been similar to previous years and the pattern of the case-load unchanged. Considerable thought has been given to the possibility of a closer liaison with the Children Board, especially at Greenfields, and there are firm plans to take a more active role early in 1978. This should give a better continuity of care for the children and less duplication of effort, and enable us to plan future care of a child—or family in care—in a more constructive way.

Again the proportion of home visits by Mrs. Perfitt has increased, as many families need long term support and follow up.

E.N.T. Clinics (Mr. G. Midgley F.R.C.S.—Visiting Consultant)

Mr. Midgley visited the Island in May and October only during 1977 due to health reasons. In all he saw 56 children at Lukis House (70 in 1976). He arranged the admission of 5 of these children to the Royal Hampshire County Hospital at Winchester for surgical treatment.

Audiometrician's Report (Mrs. J. Goodwin, D.B.O.)

Mrs. Goodwin reports that she performed 2,847 screening audiotests (hearing tests) on the children of which 63 were at the request of the family doctors. The total number of monaural failures recorded at these screening sessions were 128

(5.2%) and binaural failures were 67 (2.7%). Therefore 195 or 7.9% were the total number of failures elicited. As in previous years, it is noted that the percentage of failures decreases inversely with the age group screened.

Infants 12.4% Juniors 7.3% Seniors 5.3%

As a result of these screening tests those children who had 'failed' and considered to merit more detailed investigation were retested at Audiology Clinics at Lukis House and reports on the clinical findings were sent to the family doctors for further action.

Speech Therapy Clinic (Miss J. M. Richmond, L.C.S.T.)

This year saw the coming of age of the Speech Therapy service to the Bailiwick. Miss E. Foard, L.C.S.T. will be remembered with appreciation for her pioneer work begun on 5th October 1956. Later Miss F. Alexander, L.C.S.T. continued the work which for the past 12 years has been overseen by Miss J. M. Richmond, L.C.S.T. now assisted by Mrs. M. Renier, L.C.S.T. Children from all the major islands of the Bailiwick have received treatment.

During 1977 Dr. E. H. Witherick referred 115 patients of whom 85% were aged 2-5 years. 348 children were cared for by the therapists. There were 3,172 attendances. 107 children were discharged.

The improved facilities for special education that the Education Council has thoughtfully provided at Mont Varouf and Longfield have been of considerable benefit to a number of our children.

As part of her training a student teacher observed one session in the clinic.

Vision Testing (Mrs. M. Edwards, D.B.O., Mrs. Goodwin, D.B.O.)

Mrs. Edwards 'screens' the eyesight of the children in the infant schools, in Mont Varouf and at Valnord. The screening tests on the older children are carried out by Mrs. Goodwin when seen at the routine junior and senior school medical examinations. In addition Mrs. Goodwin tests all first year juniors in the Summer Term and second year seniors during the Autumn Term.

Of those children who failed their screening test at school, 221 were re-examined at Lukis House and, as a result, 76 were referred to Dr. Bonner-Morgan.

Orthoptic Clinic (Mrs. M. Edwards, D.B.O.)
(Mrs. J. Robertson, D.B.O.)

There were 2,651 attendances at the clinic during the year—114 new cases were referred to the Orthoptic Clinic by our Eye Specialists Doctors R. & B. Bonner-Morgan.

148 children were discharged from the clinic after treatment—100 with good binocular functions, 48 were cosmetically satisfactory. During the year 1,617 children, mostly new entrants, were screened in their schools by Mrs. Edwards. As a result 90 children were referred to the Eye Specialists for further investigation and treatment.

Dr. R. Bonner-Morgan performed 34 squint operations on school and pre school children during 1977.

Free Advisory Physiotherapy (Miss J. Ogier, M.C.S.P., S.R.P.)

We continued to receive the service of Miss Ogier for one session a week, but it is planned to enlarge this service next year.

Miss Ogier sees pre school and school aged children at Lukis House, or if thought more suitable, in their homes. Advice is given on handling techniques and play therapy for the young and remedial exercises are devised for those older children who are in need. She saw 86 children in Lukis House and has visited 6 handicapped children in their homes. As already mentioned, we have arranged to expand this service and this will be reported in next year's School Medical Services Report.

E. H. WITHERICK,
Deputy School Medical Officer.

REPORT ON SCHOOL DENTAL SERVICE 1977

The School Dental Service is responsible for all children in States maintained Schools, plus Special Place Holders and Scholarships at the colleges and grammar schools. This amounts at the moment to approximately 9,000 children.

Staff

During the year we were fortunate to appoint a third dental officer Mr. R. Roe, who commenced duties in September. So, after a little over two years, we are up to full establishment again and this will give us a better chance to cope with the demand for dental treatment, both emergency, and conservative, which seems to increase year by year.

Inspections

Most of the dental inspections have been carried out at the dental clinic under ideal conditions.

With the building of the new extension already under way there will be a period when surgeries 1 and 2 will be out of action. During this time it is hoped to arrange visits to the schools for inspections. Arrangements have also been made for Mr. Milner to inspect the schools on a sessional basis in 1978. In this way we hope to regain our rapport with Heads, Staff and perhaps encourage those who if left to their own devices would never seek dental treatment.

Extractions

The extraction of teeth especially deciduous due to pain, swelling, or for orthodontic purposes continues to take up a large proportion of our time. Whereas we make every effort to save teeth especially during the important formative years, we are left with no alternative in the case of pain or swelling, but to remove the offending tooth. Patients presenting with emergency toothaches are shown how to improve their Oral Hygiene and offered appointments for a course of treatment. This appointment is still, unfortunately, a considerable time after their emergency treatment, so the effect of the chairside talk has worn off and many do not keep their appointments. We would need a considerably larger staff of dental officers, to be able to inspect and offer immediate treatment, to all the patients who are our responsibility. In the meantime toothaches, emergencies continue to be seen immediately. A rota has been set up to treat accident cases through the Receiving Room at the Princess Elizabeth Hospital during weekends when the clinic is closed.

Conservation

The filling and crowning of permanent teeth have as in previous years been our main concern although in the very young deciduous teeth were filled to avoid loss of space for the erupting permanent teeth.

Orthodontics

The demand for orthodontics continues to increase although a considerable amount of this kind of treatment is extraction and regular check-ups of tooth eruption. Quite a fair proportion of cases may be treated in this way thus minimising expense for parents.

Extension

It is difficult to estimate when the new extension will be completed. However to minimise the time when the two end surgeries shall be out of action I am trying to get the new surgery ready for use. The equipment has been ordered and installation will commence as soon as possible.

Figures for the year are appended with this report.

D. J. HEARNE,
Principal Dental Officer.

Dental inspection and treatment carried out by the Authority during the year 1977.

No. of Pupils on the Registers of Maintained Primary and Secondary Schools: 9,000 plus.

(1) Number of pupils inspected by the Authority's Dental Officers—		
(a) at school inspections	334	
(b) at clinic	5259	Total 5593
(2) Number found to require treatment		3702
(3) Number actually treated for first time		3663
(4) Number of attendances made by pupils for treatment		10,489
(5) Number of patients made dentally fit		2857
(6) Sessions devoted to		
(a) school inspections	2	
(b) treatment	1036	Total 1038
(7) Fillings		
(a) permanent teeth	3985	
(b) temporary teeth	977	Total 4962
(8) Extractions		
(a) permanent teeth	974	
(b) temporary teeth	2279	Total 3253
(9) Number of general anaesthetics given for extractions		1412
(10) Number of dentures provided		43
(11) Number of crowns fitted		67
(12) Number of root canal treatments		430
(13) Other operations		
(a) permanent teeth	195	
(b) temporary teeth	32	Total 227
(14) ORTHODONTICS		
(a) cases commenced during the year		108
(b) cases completed during the year		29
(c) cases discontinued during the year		3
(d) number of appliances fitted		115

Annual Report of the School Dental Officer in Alderney, 1977.

All pupils at St. Anne's School were examined on three occasions during 1977 and about two thirds were found to require treatment each time. These inspections were carried out at the school and necessary treatment was then dealt with at my Dental Surgery. In addition, those pupils who were special place holders at Guernsey Schools were examined on request and treated.

During the previous year a very large backlog of restorative dentistry had been undertaken and this was completed during the first part of 1977. An intensive programme of preventive dentistry was then carried out for the rest of the year. All patients with poor oral hygiene have been shown how they can improve, according to their individual needs and scaling and polishing has been carried out for some of these. Topical fluoride and fissure sealant have been applied where suitable.

A good improvement in oral hygiene has been observed in most pupils but it is sad to have to report that, in spite of repeated encouragement, a small number are still found to have very dirty teeth on every occasion that they are seen. Nevertheless, it was very satisfying towards the end of the year to see a big reduction in the amount of decay and healthier mouths for most of the children.

A number of permanent teeth had to be extracted but these were almost all for orthodontic reasons. Fifteen new cases of orthodontic treatment were commenced during the year and all of these progressed satisfactorily.

In conclusion, the backlog of dentistry from previous years has been completed during 1977 and every child at school in Alderney has had the opportunity to become dentally fit. It will, therefore, be most interesting to see how much benefit this will produce in the years ahead.

I am grateful to the Headmaster and staff at St. Anne's School and to the staff at the Education Department in Guernsey for their continuing help and encouragement.

J. L. CURTIS, B.D.S.

*Inspection and Treatment carried out by the Alderney School Dental Officer during
the year 1977*

Number of Pupils on the Registers of St. Anne's School or who are special place holders at schools in Guernsey—approx: 265.

Inspection

Number of sessions devoted to inspection of pupils at St. Anne's School 9
i.e. inspection of each pupil on 3 occasions

Proportion of pupils found to require treatment:

First inspection	73%
Second inspection	61%
Third inspection	68%

Treatment

Number of attendances made by pupils for treatment	1,419
Number of pupils made dentally fit (three inspections)	490
Fillings: (a) permanent teeth	405
(b) deciduous teeth	346
Extractions: (a) permanent teeth	55
(b) deciduous teeth	62
Number of general anaesthetics given	0
Number of intra-venous sedatives given	2
Number of local anaesthetics given	875
Number of dentures provided	0
Number of crowns fitted	1
Number of root canal fillings	4
Scaling and Polishing	101
Topical Fluoride treatments	173
Number of teeth Fissure Sealed	1,212
Orthodontics: (a) cases commenced during the year	15
(b) cases completed during the year	8
(c) number of appliances fitted	31

J. L. CURTIS, B.D.S.

